See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Community Foundation of Orange Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
30 Scotts Corners Drive

City or town, state or country, and ZIP + 4
Montgomery, NY 12549

D Employer identification number
06-1551843

E Telephone number
(845) 769-9393

G Gross receipts $ 3,047,277

F Name and address of principal officer

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www cfoc-ny org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1999

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The Foundation's mission is to enable charitable individuals and organizations to become meaningful donors by providing trusted support and expertise for their contributions to make a difference in our community, now and forever

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	4
6	Total number of volunteers (estimate if necessary)	**6**	40
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,110,006	1,367,411
9	Program service revenue (Part VIII, line 2g)	88,138	109,598
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	202,195	97,329
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,966	-2,239
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,410,305	1,572,099

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	364,304	428,086
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	208,427	222,349
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶104,267		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	193,261	231,568
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	765,992	882,003
19	Revenue less expenses Subtract line 18 from line 12	644,313	690,096

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,625,870	9,450,235
21	Total liabilities (Part X, line 26)	1,366,764	1,771,033
22	Net assets or fund balances Subtract line 21 from line 20	6,259,106	7,679,202

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2013-11-04
Signature of officer | Date

Derrik Wynkoop President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Vincent C PangiaCPA				P01209031
Firm's name ▶ Pangia & Company CPAs LLC			Firm's EIN ▶	
Firm's address ▶ 2 Jefferson Plaza Suite 101 Poughkeepsie, NY 12601			Phone no (845) 454-4610	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

The Foundation's mission is to enable charitable individuals and organizations to become meaningful donors by providing trusted support and expertise for their contributions to make a difference in our community, now and forever

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 658,060 including grants of $ 428,086) (Revenue $ 109,598)

The organization provides charitable giving services to donors and acts as a clearing house for long term fund management and distribution to not-for-profit organizations and other charitable endeavors

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 658,060

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 26		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ Karen VanHouten Minogue 30 Scotts Corners Drive Montgomery, NY (845) 769-9393

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Wayne Zanetti Trustee	0 00 0 00	X						0	0	0
(2) Timothy S McCausland Esq VP Development	0 00 0 00	X		X				0	0	0
(3) Derrik Wynkoop President	0 00 0 00	X		X				0	0	0
(4) Todd Whitney Trustee	0 00 0 00	X						0	0	0
(5) Joe Vanderhoof Trustee	0 00 0 00	X						0	0	0
(6) Dr Michele Winchester-Vega Trustee	0 00 0 00	X						0	0	0
(7) Richard Shapiro Esq Trustee	0 00 0 00	X						0	0	0
(8) Gerald N Jacobowitz Esq Trustee	0 00 0 00	X						0	0	0
(9) Bonnie Orr CPA Trustee	0 00 0 00	X						0	0	0
(10) Philip Guarnieri Trustee	0 00 0 00	X						0	0	0
(11) Dr Michelle A Koury Trustee	0 00 0 00	X						0	0	0
(12) Ed Devitt Trustee	0 00 0 00	X						0	0	0
(13) R J Smith Trustee	0 00 0 00	X						0	0	0
(14) Gerald J Skoda Trustee	0 00 0 00	X						0	0	0
(15) Raymond J Quattrini Trustee	0 00 0 00	X						0	0	0
(16) Andrew Pavloff CPA Trustee	0 00 0 00	X						0	0	0
(17) Susan Najork Trustee	0 00 0 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Christopher Corallo Trustee	0 00 0 00	X						0	0	0
(19) Eric Fuentes Trustee	0 00 0 00	X						0	0	0
(20) Katharine Fitzgerald Secretary	0 00 0 00	X		X				0	0	0
(21) Dorothy Fein VP Development	0 00 0 00	X		X				0	0	0
(22) John Davies Trustee	0 00 0 00	X						0	0	0
(23) William Bratton VP Finance	0 00 0 00	X		X				0	0	0
(24) Michael Bonura Asst Treasurer	0 00 0 00	X		X				0	0	0
(25) Jack Berkowitz CPA Trustee	0 00 0 00	X		X				0	0	0
(26) Josh Sommers VP Distribution	0 00 0 00	X		X				0	0	0
(27) Karen VanHouten Minogue Executive Dir	65 00 0 00			X				107,454	0	0

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	107,454		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	160,736			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,206,675			
	g	Noncash contributions included in lines 1a-1f $		1,156			
	h	**Total.** Add lines 1a-1f		1,367,411			
Program Service Revenue			Business Code				
	2a	ADMINISTRATIVE FEES		109,598	109,598		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		109,598			
	3	Investment income (including dividends, interest, and other similar amounts)		197,873			197,873
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	1,272,532				
	b	Less cost or other basis and sales expenses	1,373,076				
	c	Gain or (loss)	-100,544				
	d	Net gain or (loss)		-100,544	-100,544		
Other Revenue	8a	Gross income from fundraising events (not including $ 160,736 of contributions reported on line 1c) See Part IV, line 18	a 99,863				
	b	Less direct expenses	b 102,102				
	c	Net income or (loss) from fundraising events		-2,239			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		1,572,099	9,054		197,873

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	315,786	315,786		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	112,300	112,300		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	107,454	21,491	37,609	48,354
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	84,071	34,880	29,991	19,200
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,765	1,691	2,030	3,044
9 Other employee benefits	9,373	2,344	2,812	4,217
10 Payroll taxes	14,686	4,322	5,183	5,181
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	38,675	38,675		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,983		16,983	
12 Advertising and promotion	2,208	994	883	331
13 Office expenses	15,115	7,558	6,046	1,511
14 Information technology	0			
15 Royalties	0			
16 Occupancy	21,766	10,883	6,530	4,353
17 Travel	2,434	609	1,095	730
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,519	1,584	1,408	527
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,608	735	619	254
23 Insurance	2,659	1,994	665	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Printing and Publications	7,579	3,032	3,032	1,515
b COMPUTER SUPPORT	9,570	4,785	2,871	1,914
c STRATEGIC PLANNING	10,239			10,239
d ADMINISTRATIVE FEES	92,738	92,738		
e All other expenses	6,475	1,659	1,919	2,897
25 **Total functional expenses.** Add lines 1 through 24e	882,003	658,060	119,676	104,267
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,147,550	1	1,320,386
	2	Savings and temporary cash investments		1,997,264	2	2,439,575
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 11,538			
	b	Less accumulated depreciation	10b 5,764	2,952	10c	5,774
	11	Investments—publicly traded securities		4,399,625	11	5,587,227
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets		1,064	14	821
	15	Other assets See Part IV, line 11		77,415	15	96,452
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,625,870	16	9,450,235
Liabilities	17	Accounts payable and accrued expenses		5,107	17	6,125
	18	Grants payable			18	
	19	Deferred revenue		67,655	19	11,160
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,294,002	25	1,753,748
	26	**Total liabilities.** Add lines 17 through 25		1,366,764	26	1,771,033
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		318,661	27	405,433
	28	Temporarily restricted net assets		519,884	28	573,897
	29	Permanently restricted net assets		5,420,561	29	6,699,872
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,259,106	33	7,679,202
	34	Total liabilities and net assets/fund balances		7,625,870	34	9,450,235

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,572,099
2	Total expenses (must equal Part IX, column (A), line 25)	2	882,003
3	Revenue less expenses Subtract line 2 from line 1	3	690,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,259,106
5	Net unrealized gains (losses) on investments	5	730,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,679,202

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Community Foundation of Orange Inc

Employer identification number
06-1551843

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☑ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	600,213	1,308,503	723,564	946,358	1,198,900	4,777,538
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	600,213	1,308,503	723,564	946,358	1,198,900	4,777,538
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						4,777,538

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	600,213	1,308,503	723,564	946,358	1,198,900	4,777,538
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130,698	121,467	171,939	202,195	97,329	723,628
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	180,563	230,121	149,338	385,685	377,971	1,323,678
11 **Total support** (Add lines 7 through 10)						6,824,844

12 Gross receipts from related activities, etc (see instructions)	12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	70 000 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	79 680 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Community Foundation of Orange Inc

Employer identification number
06-1551843

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	18	
2	Aggregate contributions to (during year)	74,123	
3	Aggregate grants from (during year)	71,723	
4	Aggregate value at end of year	801,222	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	5,940,445	5,383,913	4,438,938	3,238,746	488,040
b	Contributions	1,159,949	944,295	574,007	1,202,194	-407,889
c	Net investment earnings, gains, and losses	800,628	183,708	712,709	312,581	134,860
d	Grants or scholarships	495,353	454,434	249,603	225,866	128,280
e	Other expenditures for facilities and programs				31,003	31,870
f	Administrative expenses	131,900	117,037	92,138	57,714	3,238,746
g	End of year balance	7,273,769	5,940,445	5,383,913	4,438,938	3,238,746

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 92 110 %
- c Temporarily restricted endowment ▶ 7 890 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		7,351	5,166	2,185
e Other		4,187	598	3,589
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,774

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Liability under split interest agreement	17,350
Agency Endowments	1,736,398
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,753,748

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,404,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	730,000		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	102,101		
e	Add lines **2a** through **2d**			2e	832,101
3	Subtract line **2e** from line **1**			3	1,572,099
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,572,099

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	984,104
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	102,101		
e	Add lines **2a** through **2d**			2e	102,101
3	Subtract line **2e** from line **1**			3	882,003
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	882,003

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XII, Line 2d	Part XII, Line 2d Other expenses and losses per audited F/S	adjustment for net presentation on 990 $102101
Part XI, Line 2d	Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	adjustment for net presentation on 990 $102101
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	To assist donors in achieving their charitable intentions through the establishment of funds that collectively create permanent endowments, and thereby enhance the quality of life in the region

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Community Foundation of Orange Inc

Employer identification number
06-1551843

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Annual Reception (event type)	(b) Event #2 Thomas J Foley Golf Outing (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	115,075	38,830	96,023	249,928
	2 Less Contributions	82,008	16,820	57,144	155,972
	3 Gross income (line 1 minus line 2)	33,067	22,010	38,879	93,956
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	33,067	22,010	38,879	93,956
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(93,956)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Community Foundation of Orange Inc

Employer identification number
06-1551843

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF COLUMBIA UNIV 100 HAVEN AVENUE NEW YORK, NY 10032	13-5598093		10,000	0			RESEARCH SUPPORT
(2) THE STORM KING SCHOOL 314 MOUNTAIN ROAD CORNWALL, NY 12520	14-1418685		12,000	0			SCHOLARSHIP AWARD
(3) THE REGENTS OF THE UNIV OF C 1001 POTRERO AVENUE SAN FRANCISCO, CA 94110	94-6036493		20,000	0			RESEARCH GIFTS
(4) SOCIAL TAP INC 17 HILLCREST VIEW HARTSDALE, NY 10530	45-5192437		22,000	0			IMPLEMENTATION OF THE CLEAN
(5) SIGNAL 30 FUND 120 STATE STREET ALBANY, NY 12207	20-4062957		12,686	0			3RD ANNUAL COPS FOR KIDS
(6) SHERIFF INSTITUTE 27 ELK STREET ALBANY, NY 12207	22-2272582		21,143	0			3RD ANNUAL COPS FOR KIDS
(7) MOUNT SAINT MARY COLLEGE 330 POWELL AVENUE NEWBURGH, NY 12550			7,000	0			HEOP PROGRAM
(8) Grants or 5000 n/a na, NY 12549			177,250	0			
(9) FRIENDS OF TROOP 101 89 ROCKLEDGE DRIVE MONTICELLO, NY 12701			8,457	0			3RD ANNUAL COPS FOR KIDS
(10) FRIENDS OF THE OC ARBORETUM 211 ROUTE 416 MONTGOMERY, NY 12549	14-1804703		18,250	0			HANDICAP ACCESSIBLE WALKWAY
(11) ALZHEIMERS ASSOCATION 384 CRYSTAL RUN ROAD MIDDLETOWN, NY 10941	14-1695487		7,000	0			GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 11

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Procedures for monitoring the use of grant funds for scholarships granted to individuals within the United States, the grantee must verify proof of enrollment in the educational system, the program of study and any other information requested by the Community Foundation of Orange, Inc in order to prove proper enrollment Grants are awarded to not-for-profit organizations for operating expenses, giving the organizations flexibility for its use All grants that are awarded are approved by the governing body of the organization

Additional Data Return to Form

Software ID: 12000229
Software Version: 2012v2.0
EIN: 06-1551843
Name: Community Foundation of Orange Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF COLUMBIA UNIV100 HAVEN AVENUE NEW YORK,NY 10032	13-5598093		10,000	0			RESEARCH SUPPORT
THE STORM KING SCHOOL 314 MOUNTAIN ROAD CORNWALL,NY 12520	14-1418685		12,000	0			SCHOLARSHIP AWARD
THE REGENTS OF THE UNIV OF C1001 POTRERO AVENUE SAN FRANCISCO,CA 94110	94-6036493		20,000	0			RESEARCH GIFTS
SOCIAL TAP INC17 HILLCREST VIEW HARTSDALE,NY 10530	45-5192437		22,000	0			IMPLEMENTATION OF THE CLEAN
SIGNAL 30 FUND120 STATE STREET ALBANY,NY 12207	20-4062957		12,686	0			3RD ANNUAL COPS FOR KIDS
SHERIFF INSTITUTE27 ELK STREET ALBANY,NY 12207	22-2272582		21,143	0			3RD ANNUAL COPS FOR KIDS
MOUNT SAINT MARY COLLEGE330 POWELL AVENUE NEWBURGH,NY 12550			7,000	0			HEOP PROGRAM
Grants or 5000n/a na,NY 12549			177,250	0			
FRIENDS OF TROOP 10189 ROCKLEDGE DRIVE MONTICELLO,NY 12701			8,457	0			3RD ANNUAL COPS FOR KIDS
FRIENDS OF THE OC ARBORETUM211 ROUTE 416 MONTGOMERY,NY 12549	14-1804703		18,250	0			HANDICAP ACCESSIBLE WALKWAY
ALZHEIMERS ASSOCATION384 CRYSTAL RUN ROAD MIDDLETOWN,NY 10941	14-1695487		7,000	0			GENERAL SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
schol Virginia Tech	1	10,000			
schol Vassar	1	5,000			
schol University at Tampa	1	1,000			
schol University at Deleware	1	3,000			
schol to Albany College Pharmacy	1	500			
schol The College at Brockport	1	750			
schol Temple	1	1,000			
schol Syracuse University	1	2,500			
schol SUNY Orange Foundation	2	1,050			
schol SUNY - Sullivan	1	500			
schol SUNY - Purchase	1	500			
schol SUNY - Potsdam	1	1,000			
schol SUNY - Plattsburgh	3	2,000			
schol SUNY - Oswego	1	500			
schol SUNY - Orange	5	2,400			
schol SUNY - Oneonta	6	6,750			
schol SUNY - New Paltz	3	5,500			
schol SUNY - Fredonia	1	400			
schol SUNY - Cortland	3	3,750			
schol SUNY - Cobleskill	1	2,000			
schol Sullivan County Community	1	500			
schol Storm King School	1	12,000			
schol Stony Brook University	2	3,500			
schol Siena College	1	2,000			
schol RPI	4	3,250			
schol Rotary of Middletown	1	3,000			
schol Rochester Institute of Techn	2	1,250			
schol Paul Smith's College	1	2,000			
Schol Pace	1	1,000			
Schol NYU	2	1,750			
schol Mount Saint Mary College	2	4,000			
Schol Mount Holyoke	1	1,000			
schol Misericordia University	1	2,000			
Schol Mass College of LA	1	500			
schol Marist College	1	500			
schol Lock Haven University	1	2,500			
Schol LIM	1	2,000			
Schol Kings	1	1,000			
Schol Keuka	1	200			
Schol Iona	1	500			
schol Hartwick College	2	2,500			
schol Geneseo	1	1,000			
Schol East Stroudsburg	1	1,000			
Schol Duquesne	1	1,000			
schol Drexel University	1	500			
schol DeSales	1	1,000			
schol Cornell University	2	2,250			
schol College at Saint Rose	1	500			
schol Boston University	1	250			
schol Anglia Ruskin University	1	1,000			
schol Binghamton University	5	6,750			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493308013533

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Community Foundation of Orange Inc

Employer identification number
06-1551843

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon Request
Form 990, Part VI, Line 15a	Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	The executive committee reviews Executive Director's salary as part of the budget preparation process in the Spring of each year The executive committee votes to adopt the salary in a draft budget prior to the draft budget being presented to the full board of directors at the May board meeting If the full board of directors approves the draft budget including the executive director's salary, the salary is effective on the 1st of July The salary level is determined taking into account 1) Comparative industry salary data, 2)Cost of living, 3)The economy as a whole, and 4)the Foundation's financial situation as a whole
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	All members of the governing body are required on an annual basis to file with the organization an annual disclosure statement showing any potential conflicts of interest
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	A copy of the federal form 990 will be given to each member of the governing body during their board meeting Each member will have the opportunity to review the federal form 990 and vote on its approval prior to filing with the internal revenue service
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	The members of the organization consist of the organization's governing body

August 23, 2013

Hudson Valley Investment Advisors, Inc

Realized Gains and Losses

From 07/01/2012 to 06/30/2013

Community Foundation of Orange Cnty, Inc Acct # J4E003118
Karen Minogue
30 Scott's Corners Drive
Suite 202
Montgomery, NY 12549

Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Long Term Gains Pre-5/6	Qualified 5 Year Gains	Long Term Gains Post-5/5	Total Gains	Total Long Gains
AMERICA MOVIL SA	12/16/2011	08/07/2012	100.000	2,630 44	2,220 00	410.44				410.44	
AMERICA MOVIL SA	12/12/2012	02/20/2013	100 000	2 232 94	2,371 00	(138 06)				-138 06	
			200.000	4,863 38	4,591 00	272 38				272.38	
BANK AMER CORP 5 00%05/27 05/27/2026 5.00%	05/26/2011	11/27/2012	75,000.000	75,000.00	74,250 00				750.00	750 00	750 00
BANK AMERICA CORP 5.25%03/2 03/12/2025 5 25%	03/01/2010	03/12/2013	50,000.000	50,000.00	49,125 00				875 00	875 00	875 00
BEST BUY INC	10/07/2002	12/07/2012	300 000	3,739 41	4,200.00				-460 59	-460.59	-460.59
BEST BUY INC	08/04/2004	12/07/2012	88.000	1,096 90	2,739.15				-1,642 25	-1,642.25	-1,642 25
			388.000	4,836 31	6,939 15				-2,102 84	-2,102 84	-2,102 84
BEST BUY INC	08/04/2004	12/10/2012	62 000	757 31	1,929 85				-1,172 54	-1,172 54	-1,172 54
BEST BUY INC	04/19/2005	12/10/2012	300 000	3,664.42	9,723 00				-6,058 58	-6,058 58	-6,058 58
BEST BUY INC	02/20/2007	12/10/2012	50 000	610.74	2,539 00				-1,928 26	-1,928 26	-1,928 26
BEST BUY INC	05/22/2008	12/10/2012	200.000	2,442 94	8,534 75				-6,091.81	-6,091.81	-6,091 81
BEST BUY INC	11/12/2010	12/10/2012	200.000	2,442 94	8,786 62				-6,343.68	-6,343.68	-6,343.68
			812.000	9,918 35	31,513.22				-21,594 87	-21,594 87	-21,594.87
			1,200 000	14,754 66	38,452.37				-23,697 71	-23,697.71	-23,697 71
BRISTOL-MYERS SQUIBB CO	03/20/2002	05/24/2013	100.000	4,666 48	4,150.00				516.48	516 48	516.48
BRISTOL-MYERS SQUIBB CO	04/19/2002	05/24/2013	100.000	4,666.48	3,263 00				1,403.48	1,403 48	1,403.48
BRISTOL-MYERS SQUIBB CO	10/07/2002	05/24/2013	100 000	4,666.48	2,180 00				2,486.48	2,486 48	2,486 48
BRISTOL-MYERS SQUIBB CO	02/13/2003	05/24/2013	100 000	4,666 48	2,300 00				2,366.48	2,366 48	2,366 48
BRISTOL-MYERS SQUIBB CO	10/29/2003	05/24/2013	100 000	4,666.48	2,520 00				2,146.48	2,146.48	2,146.48
BRISTOL-MYERS SQUIBB CO	03/11/2004	05/24/2013	100.000	4,666.48	2,565 00				2,101 48	2,101.48	2,101.48
BRISTOL-MYERS SQUIBB CO	10/25/2004	05/24/2013	200.000	9,332 96	4,591 00				4,741 96	4,741.96	4,741.96

Realized Gains and Losses

From 07/01/2012 to 06/30/2013

Community Foundation of Orange Cnty, Inc Acct #: J4E003118

Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Long Term Gains Pre-5/6	Qualified 5 Year Gains	Long Term Gains Post-5/5	Total Gains	Total Long Gains
BRISTOL-MYERS SQUIBB CO	11/01/2005	05/24/2013	200.000	9,332 95	4,249 00				5,083 95	5,083 95	5 083.95
			1,000 000	46 664 79	25,818 00				20,846.79	20,846 79	20,846.79
CHARLES SCHWAB 4.95%06/14 06/01/2014 4 95%	06/05/2009	12/21/2012	50,000 000	53,110 50	49,804 00				3,306 50	3,306 50	3,306 50
CIGNA CORP	12/02/2011	08/07/2012	75 000	3,232.42	3,230.25	2 17				2.17	
CIGNA CORP	10/10/2012	02/20/2013	50.000	3,000 43	2,438 50	561 93				561.93	
			125 000	6,232 85	5,668 75	564 10				564 10	
ESC LEHMAN BROS 0 00%01/20 01/28/2020 0 00%	02/03/2005	07/19/2012	75,000.000	17,062.50	74,812 50				-57,750 00	-57,750 00	-57,750 00
ESC LEHMAN BROS 0 00%02/23 02/06/2023 0 00%	01/25/2008	07/19/2012	50 000 000	11,375.00	49,375.00				-38,000 00	-38,000 00	-38,000 00
ESC LEHMAN BROS 0.00%05/22 05/23/2022 0 00%	03/19/2008	07/19/2012	25,000 000	5,687.50	23,875.00				-18,187.50	-18,187 50	-18,187 50
ESC LEHMAN BROS 0.00%05/23 05/19/2023 0 00%	05/13/2008	07/19/2012	25,000 000	5,687.50	24,687 50				-19,000 00	-19,000 00	-19,000.00
ESC LEHMAN BROS 6 00%05/20 05/19/2020 0.00%	12/12/2005	07/19/2012	25,000 000	5,687 50	24,687.50				-19,000.00	-19,000 00	-19,000 00
FED NATL MTG 1.00%04/27 04/26/2027 1 00%	04/24/2012	10/26/2012	100,000.000	100,000 00	100,000 00	0 00				0 00	
FED NATL MTG 2 00%03/27 03/29/2027 2 00%	03/27/2012	04/01/2013	200,000 000	200,000 00	199,900 00				100.00	100.00	100.00
FED NATL MTG ASSN 1 25%03/27 03/29/2027 1.25%	03/13/2012	04/01/2013	100,000 000	100,000.00	99,950.00				50.00	50 00	50.00
GENERAL ELEC CAP 5 45%01/13 01/15/2013 5 45%	03/04/2009	01/15/2013	25,000.000	25,000 00	21,613 25				3,386 75	3,386 75	3,386 75

Realized Gains and Losses

From 07/01/2012 to 06/30/2013

Community Foundation of Orange Cnty, Inc. Acct # J4E003118

Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Long Term Gains Pre-5/6	Qualified 5 Year Gains	Long Term Gains Post-5/5	Total Gains	Total Long Gains
GOLDMAN SACHS GRP 4 00%03/ 03/20/2022 4.00%	03/15/2012	09/20/2012	100.000 000	100,000 00	99,625 00	375.00				375 00	
KEYCORP 6 50%05/13 05/14/2013 6 50%	06/04/2008	05/14/2013	50,000 000	50,000.00	48,625 00				1,375.00	1 375 00	1,375.00
LLOYDS TSB BANK VAR 01/21 01/25/2021 0.00%	03/01/2010	07/25/2012	100,000.000	100,000 00	92,000 00				8,000 00	8,000.00	8,000 00
MERRILL LYNCH 5.45%02/13 02/05/2013 5 45%	04/02/2009	02/05/2013	50,000 000	50,000 00	41,508.50				8,491 50	8,491 50	8,491 50
MERRILL LYNCH 6.15%04/13 04/25/2013 6 15%	02/26/2009	04/25/2013	50,000 000	50,000 00	44,676 50				5,323 50	5,323.50	5,323.50
MORGAN STANLEY 5.00%07/25 07/09/2025 5 00%	07/07/2010	10/09/2012	25,000 000	25,000 00	24,500 00				500 00	500.00	500 00
MORGAN STANLEY 5 00%12/24 12/22/2024 5 00%	12/16/2009	12/24/2012	25,000.000	25,000 00	24,750.00				250.00	250 00	250 00
MORGAN STANLEY GRP 7 00%08 08/24/2030 7 00%	08/13/2010	02/25/2013	50,000 000	50,000.00	49,000 00				1,000 00	1,000.00	1,000.00
NABORS INDS INC	05/17/2006	08/07/2012	600 000	8,866.48	21,024 00				-12,157.52	-12,157 52	-12,157 52
NABORS INDS INC	02/20/2007	08/07/2012	400 000	5,910.98	11,951.20				-6,040 22	-6,040.22	-6,040 22
NABORS INDS INC	11/12/2010	08/07/2012	500.000	7,388 72	10,756.55				-3,367.83	-3,367.83	-3,367.83
			1,500.000	22,166 18	43,731 75				-21,565.57	-21,565.57	-21,565.57
PENTAIR INC	04/19/2005	10/01/2012	0.914	40 33	22.32				18 01	18 01	18.01
SUPERVALU INC	10/07/2002	08/07/2012	200.000	446 99	3,120 00				-2,673 01	-2,673.01	-2,673.01
SUPERVALU INC	02/10/2003	08/07/2012	200 000	446.99	2,919 92				-2,472.93	-2 472 93	-2,472.93
SUPERVALU INC	06/05/2006	08/07/2012	72 000	160.92	2,116 80				-1,955.88	-1,955 88	-1,955 88
SUPERVALU INC	03/29/2011	08/07/2012	528 000	1,180.05	4,753 11				-3,573.06	-3,573 06	-3,573 06
SUPERVALU INC	09/27/2011	08/07/2012	100 000	223.49	696 35	(472 86)				-472 86	
SUPERVALU INC	09/27/2011	08/07/2012	100.000	223.49	696.35	(472 86)				-472.86	
SUPERVALU INC	09/27/2011	08/07/2012	100.000	223 49	696.36	(472 87)				-472.87	
SUPERVALU INC	09/27/2011	08/07/2012	100.000	223 49	696.35	(472 86)				-472 86	
SUPERVALU INC	09/27/2011	08/07/2012	200 000	446 99	1,392.70	(945.71)				-945 71	

Realized Gains and Losses

From 07/01/2012 to 06/30/2013

Community Foundation of Orange Cnty, inc Acct #. J4E003118

Realized Gains and Losses in Non-Taxable or Tax Deferred Accounts

Description	Date Acquired	Date Sold	Quantity	Net Proceeds	Cost	Short Term Gains	Long Term Gains Pre-5/6	Qualified 5 Year Gains	Long Term Gains Post-5/5	Total Gains	Total Long Gains
SUPERVALU INC	09/27/2011	08/07/2012	1,400 000	3,128 95	9,746.94	(6.617 99)				-6,617 99	
			3,000 000	6,704 85	26,834 88	(9,455.15)			-10,674.88	-20,130 03	-10,674 88
TEXAS INSTRUMENTS INC	11/24/2004	02/20/2013	460 000	15,538 68	11,191.80				4,346.88	4,346 88	4 346 88
Short Term Gains				215,566 13	223,809 80	(8,243 67)					
Long Term Gains Pre-5/6											
Qualified 5 Year Gains											
Long Term Gains Post-5/5				1,000,010 09	1,149,265.82				-149,255.73		
Total Long Gains				1,000,010.09	1,149,265 82						-149,255.73
Total (Sales)				1,215,576.22	1,373,075 62	(8,243 67)			-149,255 73	-157,499 40	-149,255.73

Capital Gain Distributions in Non-Taxable or Tax Deferred Accounts

Description	Pay Date	Short Term Gains	Total Gains	Total Long Gains
BARON GROWTH FUND	11/30/2012		12,327.96	12,327.96
PIMCO TOTAL RETURN FD CL D	12/12/2012		694.02	694 02
PIMCO TOTAL RETURN FD CL D	12/12/2012	945 53	945.53	
		945.53	1,639.55	694 02
ROYCE PREMIER FUND	12/06/2012		7,344 53	7,344 53
ROYCE PREMIER FUND	12/06/2012	187.17	187 17	
		187 17	7,531 70	7,344.53
SCUDDER HIGH INCOME FUND	12/11/2012	43 91	43 91	
T ROWE PRICE INTRNTNL EQUIT	12/19/2012	301.66	301.66	

Realized Gains and Losses

From 07/01/2012 to 06/30/2013

Community Foundation of Orange Cnty, inc Acct #: J4E003118

Capital Gain Distributions in Non-Taxable or Tax Deferred Accounts

Description	Pay Date	Short Term Gains		Total Gains	Total Long Gains
WFA OPPORTUNITY FUND	12/10/2012			1,951 60	1,951 60
Total (Distributions)		1,478 27		23,796.38	22,318 11
Total Gains		**(6,765.40)**	**-149,255.73**	**-133,703 02**	**-126,937 62**

Pursuant to recent amendments to Rule 206(4) under the Investment Advisers Act of 1940, the Securities and Exchange Commission now requires us to urge clients to compare the information set forth in this statement with the statements you receive directly from your custodian to ensure that all account transactions are proper