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990-EZ

Form

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JANUARY 01, 2009, and ending DECEMBER 31, 20 09

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

THE SEFCU FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

700 PATROON CREEK BLVD

City or town, state or country, and ZIP + 4

ALBANY, NY 12206

D Employer identification number

14-1776369

E Telephone number

518-452-8234

F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 181,874

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	62,142
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	103
	5a	Gross amount from sale of assets other than inventory	5a	113,855
	b	Less cost or other basis and sales expenses	5b	6,093
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	107,762
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ▶ MISCELLANEOUS)	8	5,774	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	175,781	
Expenses	10	Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	174,330
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	2,275
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ COMPUTER EXP, CREDIT CARD FEES & MISC. EXP)	16	1,301
	17	Total expenses. Add lines 10 through 16	17	177,906
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,125)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	17,821
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	15,696

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,821	15,696
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	17,821	15,696
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,821	15,696

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED SEP 13 2010

99
13

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III)

Expenses

What is the organization's primary exempt purpose? SEE STATEMENT 2

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE STATEMENT 3

(Grants \$) If this amount includes foreign grants, check here ☐

28a	174,330
-----	---------

29

(Grants \$) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32	174.330
----	---------

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed NEW YORK		
42a	The organization's books are in care of CAROL A. BRINKMAN Telephone no 518-452-8234 Located at 700 PATROON CREEK BLVD ALBANY NY ZIP + 4 12203		
b	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)?	Yes	No
	If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
			X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

	Yes	No
46 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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

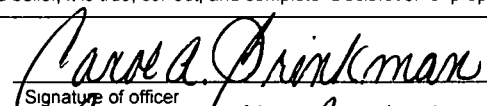
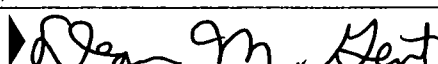
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	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.				
	 Signature of officer		Date 8/10/10		
Paid Preparer's Use Only	 Preparer's signature		Date 8/10/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) P00579589
	Firm's name (or yours if self-employed), address, and ZIP + 4 BUCKLEY GENT MACDONALD & CARY, P.C. 1218 CENTRAL AVENUE ALBANY, NY		EIN 14-1744775		Phone no 518-437-0430
	May the IRS discuss this return with the preparer shown above? See instructions ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. 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 <input type="checkbox"/>		
b 33 1/3% support test—2008. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,976	52,529	58,731	66,082	62,142	278,460
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	46,097	52,896	68,612	111,644	113,855	393,104
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	85,073	105,425	127,343	177,726	175,997	671,564
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	8,760	9,375	9,600	9,430	10,684	47,849
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	8,760	9,375	9,600	9,430	10,684	47,849
8 Public support. (Subtract line 7c from line 6)						623,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	85,073	105,425	127,343	177,726	175,997	671,564
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	293	300	222	147	103	1,065
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	293	300	222	147	103	1,065
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)	895	890	1,013	3,900	5,774	12,472
13 Total support. (Add lines 9, 10c, 11, and 12)						685,101
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	91.04 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	90.70 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.16 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.20 %

- 19a 33 1/3 % support tests—2009.** 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—2008.** 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. Provide any other additional information. See instructions.

PART III SECTION B - LINE 12 - OTHER INCOME

	2005	2006	2007	2008	2009
MISCELLANEOUS	895	890	1003	3900	5774

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

THE SEFCU FOUNDATION

Employer identification number

14-1776369

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MISCELLANEOUS (event type)	BOWL FOR KIDS (event type)	2 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	55,404	25,927	32,524	113,855
	2 Less Charitable contributions				0
	3 Gross income (line 1 minus line 2)	55,404	25,927	32,524	113,855
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes		1,370	783	2,153
	6 Rent/facility costs		1,874	1,465	3,339
	7 Food and beverages		446	82	528
	8 Entertainment				0
	9 Other direct expenses	73			73
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶	(6,093)			
	11 Net income summary Combine line 3, column (d), and line 10 ▶	107,762			

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶	()				
8 Net gaming income summary Combine line 1, column d, and line 7 ▶					

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?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

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? **15a**

- 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? **17a**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

THE SEFCU FOUNDATION

FORM 990EZ # 14-1776369

FYE 12/31/09

STATEMENT 1

FORM 990-EZ, PART 1, LINE 10 - GRANTS AND SIMILAR AMOUNT PAID

<u>DONEE'S NAME</u>	<u>CASH AMOUNT GIVEN</u>
HOLIDAY SHARING PROGRAM	\$ 36,676
ALBANY COUNTY DEPT FOR CY&F	50
ALBANY YOUTH BUILD	175
AMERICAN CANCER SOCIETY	3,496
AMERICAN DIABETES ASSOCIATION	407
AMERICAN HEART ASSOCIATION	1,880
AMERICAN LUNG ASSOCIATION	300
ANGEL NAMES ASSOCIATION	250
ARBOR HILL ELEMENTARY SCHOOL	453
BACKPACK PROGRAM	12,000
BIG BROTHERS/BIG SISTERS OF CAPITAL REGION	26,927
BINGHAMTON SYRACUSE RELATIONSHIPS	325
BOWL FOR KIDS - BBBS	4,190
BOY SCOUTS OF AMERICA	150
CAPITAL DISTRICT KEYS FOR KIDS	250
CATHOLIC CAREGIVERS	113
CENTER FOR DISABILITY SERVICES - MONOPOLY	18,000
CIRCLES OF MERCY	1,000
CLIFTON PARK LITTLE LEAGUE	180
COMMUNITY HUNGER OUTREACH WAREHOUSE	615
CONCERNS - U	100
EQUINOX INC	2,166
FAM FUND/RUN/WALK	210
FRIENDS OF DYKEN POND CENTER	150
GILDA'S CLUB	21,093
GIRL SCOUTS - TROOP #53	500
HABITAT FOR HUMANITY	104
HOPE HOUSE	372
HUNTER'S HOUSE	300
L DENKER TWIN FOUNDATION	2,780
LEUKEMIA & LYMPHOMA SOCIETY	250
MAKE A WISH - BUFFALO	138
MARCH OF DIMES - SYRACUSE	666
MECHANICVILLE AREA COMMUNITY SERVICE	150
MIRACLE LEAGUE	500
MOM'S HOUSE	200
MUSCULAR DYSTROPHY ASSOCIATION	6,000
NATIONAL KIDNEY FOUNDATION	4,238
NYS MUSEUM INSTITUTE	500
NYS TROOPER FOUNDATION SUMMER PROGRAM	2,000
OPERATION ADOPT A SOLDIER	317

THE SEFCU FOUNDATION

FORM 990EZ # 14-1776369

FYE 12/31/09

STATEMENT 1

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNT PAID

<u>DONEE'S NAME</u>	<u>CASH AMOUNT GIVEN</u>
OUR BROTHERS KEEPER	1,146
OUR LADY OF HOPE	2,827
RONALD MCDONALD HOUSE	1,080
SCHENECTADY HOME FURNISHINGS PROGRAM	500
STRIDE	1,000
THE FAST BREAK FUND	500
TIME UNION CLASSROOM ENRICHMENT	200
UNITY HOUSE	3,000
UNIVERSITY AT ALBANY FOUNDATION	500
VANDERHEYDEN HALL	3,000
VASCULAR BIRTHMARKS FOUNDATION	1,000
WATERVLIET CIVIC CHEST	500
YMCA LARK DRIVE	2,731
EQUINOX INC - TURKEY SALES	1,834
AMERICAN CANCER SOCIETY RELAY FOR LIFE	3,529
MOM'S HOUSE ROCKERTON	200
AMERICA'S WALK FOR DIABETES	407
AMERICAN CANCER SOCIETY MAKING STRIDES	205
	<u>174,330</u>

STATEMENT 3

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE SEFCU FOUNDATION IS COMMITTED TO THE PURPOSE OF LONG TERM COMMUNITY BETTERMENT AND CIVIC INVOLVEMENT USING BOTH FINANCIAL AND HUMAN RESOURCES.

STATEMENT 3

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE SEFCU FOUNDATION PROVIDES A MEANS OF MORE EFFECTIVELY DISTRIBUTING EMPLOYEES' AND CREDIT UNION MEMBERS' DONATIONS IN A TARGETED AND LOCALIZED FASHION AS DETERMINED BY A COMMITTEE WHOSE MEMBERS VISIT THE ORGANIZATIONS SPONSORED BY THE FOUNDATION TO EVALUATE THE PARTICULAR NEEDS OF THE COMMUNITY AFFECTED.