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Form 990

Perfect Return

OMB No 1545-0047

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.

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable	C Name of organization Credit Union Association of New York, inc. (Chapter		D Employer identification number
<input type="checkbox"/> Address change	Doing Business As Group Return		91 1996137
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		E Telephone number
<input type="checkbox"/> Print or type. See Specific Instructions.	PO Box 15118		(800) 342-9835
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4		G Gross receipts \$ 285,217
<input type="checkbox"/> Terminated	Albany, NY 12212-5118		
<input type="checkbox"/> Amended return	F Name and address of principal officer		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I Tax-exempt status 501(c) (6) (insert no.) 4947(a)(1) or 527

If "No," attach a list (see instructions)

J Website: ► www.cuany.org

H(c) Group exemption number ► 9214

K Form of organization Corporation Trust Association Other ►

L Year of formation 1917 M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The fourteen Chapters of the Credit Union Assoc. of New York, Inc. represent the grassroots efforts of New York credit unions. The Chapters generate funds from functions such as dinner meetings and education sessions, as well as an allocation from the state trade association's dues. These funds are then used for scholarships, seminars, discussion forums and community events.		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	11
Revenue	4 Number of voting members of the governing body (Part VI, line 1a)	4	11
5 Number of independent voting members of the governing body (Part VI, line 1b)	5	0	
6 Total number of employees (Part V, line 2a)	6	120	
7a Total gross 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	0	
Expenses	8 Contributions and grants (Part VIII, line 8)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	50,000	50,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	250,126	235,113
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4042	2,104
	12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,168	285,217
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	54,417	52,708
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ►	262,142	220,158
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	316,559	272,866
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	(12,391)	12,351
	19 Revenue less expenses. Subtract line 18 from line 12		
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	244,470	256,821
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	244,470	256,821

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

Signature of officer

11/17/10

Type or print name and title

Kristina M Oliver, Chief Financial Officer

Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ► :		
		Phone no ► ()		

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

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

uctions.

Cat No 11282

Form 990 (2009)

931

Credit Union Assn. of New York, Inc. (Chapters)
91-1996137

Form 990 (2009)

Page 2

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$).

) (Revenue \$)

4e Total program service expenses ►

Credit Union Association of New York, Inc. (Chapters)
91-1996137

Form 990 (2009)

Page 3

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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
- 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
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21; 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
- 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - 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.
 - 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.
 - 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.
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
 - 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? If "Yes," complete Schedule D, Part X.
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.
 - 12A N/A
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I
- 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, Part II
- 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, Part III
- 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
- 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
- 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.
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		✓
2		✓
3		✓
4	N/A	
5		✓
6		✓
7		✓
8		✓
9		✓
10		✓
11		✓
12		✓
13		✓
14a		✓
14b		✓
15		✓
16		✓
17		✓
18		✓
19		✓
20		✓

Credit Union Association of New York, Inc. (Chapters)
91-1996137

Form 990 (2009)

Page 4

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	✓	
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	✓	
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		✓
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.		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		N/A
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
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		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		✓
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		N/A
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Credit Union Association of New York, Inc. (Charters)

91-1996137

Form 990 (2009)

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	✓
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	✓
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
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	✓
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i>	2b	N/A
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
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	✓
b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	5a	✓
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	N/A
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a	✓
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?	6b	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	✓
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?	7b	✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	✓
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	✓
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	✓
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	✓
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?	9a	✓
9 Sponsoring organizations maintaining donor advised funds.	9b	✓
a Did the organization make any taxable distributions under section 4966?	10a	✓
b Did the organization make a distribution to a donor, donor advisor, or related person?	10b	✓
10 Section 501(c)(7) organizations. Enter:	11a	✓
a Initiation fees and capital contributions included on Part VIII, line 12.	11b	✓
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	✓
11 Section 501(c)(12) organizations. Enter:	12b	✓
a Gross income from members or shareholders		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Credit Union Association of New York, Inc. (Chapters)

Form 990 (2009)

91-1996137

Page 6

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

Section A. Governing Body and Management

		Yes	No
1a	//		
1b	//		
2		✓	
3		✓	
4		✓	
5		✓	
6		✓	
7a	✓		
7b	✓		
8a	✓		
8b	✓		
9a		✓	

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

	Yes	No
10a	✓	
10b	✓	
11		✓
12a	✓	
12b	✓	
12c	✓	
13		✓
14		✓
15a	N/A	
15b	N/A	
16a		✓
16b	N/A	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► *Kristina M. Oliver CPO* 1021 Water Street, Shaker Road
(800) 342-9835, ext 8251 Albany, NY 12015

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) (B) (C) (D)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)	(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
See Attached					

Credit Union Association of New York, Inc. (Chapters)
91-1996137

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

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		✓
4		✓
5		✓

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. *None*

Credit Union Association of New York, Inc. (Chapters)
91-1996137

Form 990 (2009)

Page 9

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a				
b Membership dues	1b	50,000			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f ►		50,000			
Program Service Revenue		Business Code			
2a Membership Services		541900	233,113	233,113	
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f ►		233,113			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ►			2104		2,104
4 Income from investment of tax-exempt bond proceeds ►					
5 Royalties					
6a Gross Rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ►					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ►					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
b Less: direct expenses b					
c Net income or (loss) from fundraising events ►					
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 ►					
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 ►					
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ►		285,217	233,113		2,104
12 Total revenue. See instructions. ►					

Credit Union Association of New York, Inc. (Chapters)

Form 990 (2009)

91-1996137

Page 10

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 U.S. See Part IV, line 21	45,503			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,205			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	2,687			
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	216,758			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d				
e				
f All other expenses	713			
25 Total functional expenses. Add lines 1 through 24f	272,866			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Credit Union Association of New York, Inc. (Chapters)
 91-1996137

Form 990 (2009)

Page 11

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	244,470	1 256,821
	2 Savings and temporary cash investments	2	2
	3 Pledges and grants receivable, net	3	3
	4 Accounts receivable, net	4	4
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	6	6
	7 Notes and loans receivable, net	7	7
	8 Inventories for sale or use	8	8
	9 Prepaid expenses and deferred charges	9	9
	10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D	10a	10a
	b Less: accumulated depreciation 10b	10b	10c
	11 Investments—publicly traded securities	11	11
	12 Investments—other securities. See Part IV, line 11	12	12
	13 Investments—program-related. See Part IV, line 11	13	13
	14 Intangible assets	14	14
	15 Other assets. See Part IV, line 11	15	15
16 Total assets. Add lines 1 through 15 (must equal line 34)	244,470	16 256,821	
Liabilities	17 Accounts payable and accrued expenses	17	17
	18 Grants payable	18	18
	19 Deferred revenue	19	19
	20 Tax-exempt bond liabilities	20	20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	22
	23 Secured mortgages and notes payable to unrelated third parties	23	23
	24 Unsecured notes and loans payable to unrelated third parties	24	24
	25 Other liabilities. Complete Part X of Schedule D	25	25
	26 Total liabilities. Add lines 17 through 25	0	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	244,470	27 256,821
	28 Temporarily restricted net assets	28	28
	29 Permanently restricted net assets	29	29
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	30
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	31
	32 Retained earnings, endowment, accumulated income, or other funds	32	32
	33 Total net assets or fund balances	33	33
	34 Total liabilities and net assets/fund balances	244,470	34 256,821

Credit Union Association of New York, Inc. (Chapters)
91-1996137

Form 990 (2009)

Page 12

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

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?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

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?
 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.

	Yes	No
2a	✓	
2b	✓	
2c	N/A	
3a	✓	
3b	N/A	

Form 990 (2009)

Credit Union Association of New York, Inc. (Chapters)

Attachment to Form 990

December 31, 2009

EIN #91-1996137 Group 9214

<u>Buffalo</u>	16-6036097					
Marie Betti		President	Officer	\$0	\$0	\$0
Western New York FCU		One Hour				
7 Willowdale Drive						
West Seneca, NY 14224						
Robyn Young		Treasurer	Officer	\$0	\$0	\$0
OPCS FCU		One Hour				
4000 N. Buffalo Street						
Orchard Park, NY 14127						
<u>Capital</u>	14-1742972					
Sue Siegel		President	Officer	\$0	\$0	\$0
Sunmark FCU		One Hour				
1187 Troy Schenectady Road						
Latham, NY 12110						
Mark Hatfield		Treasurer	Officer	\$0	\$0	\$0
School Systems FCU		One Hour				
125 Defreest Drive						
Rensselaer Technology Park						
Troy, NY 12180						
Betsy Kindlon		Past President	Officer	\$0	\$0	\$0
Community Resource FCU		One Hour				
20 Wade Road						
Latham, NY 12110						
<u>Catskill-Hudson</u>	22-3117684					
Richard A. Mantey		President	Officer	\$0	\$0	\$0
Ulster FCU		One Hour				
PO Box 2310						
Kingston, NY 12402						
Michael J. Ciriello		Treasurer	Officer	\$0	\$0	\$0
Hudson Heritage FCU		One Hour				
25 Rykowski Lane						
Middletown, NY 10941						

Credit Union Association of New York, Inc (Chapters)

Attachment to Form 990

December 31, 2009

EIN #91-1996137 Group 9214

<u>Central New York</u>	22-3124397					
Ron Ehrenreich Cooperative FCU 723 Westcott St Syracuse, NY 13210		President One Hour	Officer	\$0	\$0	\$0
Joan Gentile Empower FCU PO Box 11127 Syracuse, NY 13218		Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Finger Lakes</u>	22-3124406					
Donald Rouse Corning FCU PO Box 1450 Corning, NY 14830		President One Hour	Officer	\$0	\$0	\$0
Keith Orfanides ServU FCU 9823 Science Center Drive Painted Post, NY 14870		Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Jamestown</u>	16-1253525					
Travis Heiser Inner Lakes FCU 19-21 E Main Street Westfield, NY 14787-1319		President One Hour	Officer	\$0	\$0	\$0
Sorena Gilkinson Inner Lakes FCU 19-21 E. Main Street Westfield, NY 14787		Treasurer One Hour	Officer	\$0	\$0	\$0
Michael Giunta, Jr. Affinity One FCU 545 East Second Street Jamestown, NY 14701		Past Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Long Island</u>	11-3068835					
Michael Egan Nassau Educators FCU 1000 Corporate Drive Westbury, NY 11590-6624		President One Hour	Officer	\$0	\$0	\$0
Thomas Fallon Teachers FCU PO Box 9029 Farmingville, NY 11738		Treasurer One Hour	Officer	\$0	\$0	\$0

Credit Union Association of New York, Inc. (Chapters)

Attachment to Form 990

December 31, 2009

EIN #91-1996137 Group 9214

<u>Metropolitan</u>	13-3620869					
Robert Nemeroff		President	Officer	\$0	\$0	\$0
Melrose CU		One Hour				
13930 Queens Blvd						
Briarwood, NY 11435-2926						
Robert DiBaro		Treasurer	Officer	\$0	\$0	\$0
Local 804 FCU		One Hour				
3421 Review Ave						
Long Island City, NY 11101-3218						
<u>Niagara</u>	16-1399059					
Louis Salciccioli		President	Officer	\$0	\$0	\$0
Greater Niagara FCU		One Hour				
2901 Military Road						
Niagara Falls, NY 14304						
Virginia Venditti		Treasurer	Officer	\$0	\$0	\$0
NFANG FCU		One Hour				
Bldg 901, 9910 Blewett Ave						
Niagara Falls, NY 14304						
<u>Rochester</u>	22-3117004					
Laurie Baker		President	Officer	\$0	\$0	\$0
The Summit FCU		One Hour				
100 Marina Drive						
Rochester, NY 14626						
John Callard		Treasurer	Officer	\$0	\$0	\$0
WIT FCU		One Hour				
22 4th Street						
Rochester, NY 14609						
<u>Southern Tier</u>	22-3124399					
Mario DeFulvio		President	Officer	\$0	\$0	\$0
Horizons FCU		One Hour				
P.O. Box 1881						
Binghamton, NY 13902						
Jayne Searles		Treasurer	Officer	\$0	\$0	\$0
Visions FCU		One Hour				
24 McKinley Avenue						
Endicott, NY 13760						

Credit Union Association of New York, Inc (Chapters)

Attachment to Form 990

December 31, 2009

EIN #91-1996137 Group 9214

<u>Utica-Rome</u>	22-2217906						
John Deecher		President	Officer	\$0	\$0	\$0	
Utica Gas & Electric EFCU		One Hour					
215 Old Campion Road							
New Hartford, NY 13413							
Pam Dibble		Past President	Officer	\$0	\$0	\$0	
Rome FCU		One Hour					
937 Seneca Street							
Rome, NY 13440-5523							
Michelle Siriano		Treasurer	Officer	\$0	\$0	\$0	
UMICO FCU		One Hour					
PO Box 530							
Utica, NY 13503-0530							
<u>Westchester-Rockland</u>	13-3620945						
Michael Ambrose		President	Officer	\$0	\$0	\$0	
USAlliance FCU		One Hour					
600 Midland Ave							
Rye, NY 10580-3902							
Judy Germano		Treasurer	Officer	\$0	\$0	\$0	
Pepsico EFCU		One Hour					
700 Anderson Hill Road							
Purchase, NY 10577-1444							

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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(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
Scholarships	15	\$ 7205	0	N/A	

Part IV **Supplemental Information** Complete this part to provide the information required in Part line 2 and any other additional information

Recipients of grant proceeds are proposed by Chapter members. These worthy causes are evaluated and voted on by the respective Executive Committees at the Chapter level.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ▲ See separate instructions

Department of the Treasury
Internal Revenue Service

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered Yes to Form 930, Part IV, line 34.)
because it had one or more related organizations treated as a partnership during the tax year.) **A/A**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) *N/A*

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			