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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

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning		, 2010, and ending		, 20	
B Check if applicable		C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change		Credit Union Association of New York, Inc (Chapters)		91-1996137	
<input type="checkbox"/> Name change		Doing Business As		E Telephone number	
<input type="checkbox"/> Initial return		Number and street (or P O box if mail is not delivered to street address)		800-342-9835	
<input type="checkbox"/> Terminated		PO Box 15118			
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Application pending		Albany, NY 12212-5118		G Gross receipts \$ 301,387	
		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	
				H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				If "No," attach a list (see instructions)	
I Tax-exempt status		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ► 9214	
J Website: ► www.cuany.org					
K Form of organization		<input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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 Association 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 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	120
	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	0
Revenue			Prior Year
	8 Contributions and grants (Part VIII, line 1h)	50,000	50,000
Expenses	9 Program service revenue (Part VIII, line 2g)	233,113	249,728
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,104	1,659
Net Assets or Fund Balances	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue (add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,217	301,387
Expenses			Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,708	55,031
Net Assets or Fund Balances	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) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	220,158	258,488
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	272,866	313,519
	19 Revenue less expenses. Subtract line 18 from line 12	12,351	(12,132)
			Beginning of Current Year
	20 Total assets (Part X, line 16)	256,821	244,689
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	256,821	244,689
			End of Year

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	<i>Kristina M. Oliver</i>	<i>07/07/11</i>
	Signature of officer	Date
	<i>Kristina M. Oliver, Chief Financial Officer</i>	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

GB 20

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission:

The 14 Chapters of the Credit Union Association of New York 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 in the credit union spirit of "People Helping People" in the form of scholarships, seminars, discussion forums and community events.

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 \$ _____)

Program service revenue includes Membership Services. Membership Services encompass educational sessions that provide training and education for credit union management, employees and volunteers. Community events are also held to promote credit union awareness and membership. Annual meetings for chapters are also included for the election of officers. Additionally, dinner meetings are held to provide speakers on pertinent issues as well as to provide a forum for members to exchange information and discuss regulatory issues.

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 ►

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

Yes	No
1	✓
2	✓
3	✓
4	N/A
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11a	✓
11b	✓
11c	✓
11d	✓
11e	✓
11f	✓
12a	✓
12b	✓
13	✓
14a	✓
14b	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20a	✓
20b	N/A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)
- 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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 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
- 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 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
 - 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
 - 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
 - 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
 - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
 - 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
- 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
 - 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, XII, and XIII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14 a 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, Parts I and IV
- 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
- 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
- 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)
- 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 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H
 - b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued)

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

- 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 (or a family member thereof) 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)?

- a 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

Yes 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

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

	Yes	No
21	✓	
22	✓	
23	✓	
24a	✓	
24b	✓	
24c	✓	
24d	✓	
25a	N/A	
25b	N/A	
26	✓	
27	✓	
28a	✓	
28b	✓	
28c	✓	
29	✓	
30	✓	
31	✓	
32	✓	
33	✓	
34	✓	
35	✓	
36	N/A	
37	✓	
38	✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable **1a** **0**
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?

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** **0**

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)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

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)?

b If "Yes," enter the name of the foreign country: ► **N/A**

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?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year **7d**

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

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?

9 Sponsoring organizations maintaining donor advised funds.

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10a** **10b**

11 Section 501(c)(12) organizations. Enter:

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.) **11a** **11b**

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 **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

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** **13c**

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14a** **14b** **N/A**

Yes	No
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1c	✓
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2b	N/A
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3a	✓
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3b	N/A
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4a	✓
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5a	✓
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5b	✓
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5c	N/A
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6a	✓
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6b	N/A
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7a	N/A
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7b	
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7c	
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7e	
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7f	
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7g	
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7h	
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8	
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9a	
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9b	
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12a	
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13a	
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14a	✓
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14b	N/A
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Form 990 (2010)

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.

1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	11	Yes	No
	1b	11		
2			✓	
3			✓	
4			✓	
5			✓	
6			✓	
7a			✓	
7b			✓	
8a			✓	
8b			✓	
9			✓	

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

10a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

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

b Other officers or key employees of the organization

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?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	✓	
10b	✓	
11a		✓
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, CFO, 1021 Watervliet-Shaker Road, Albany, NY 12205, (800-342-9835, ext 8251)**

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, 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 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 (describe hours for related organizations in Schedule O)	(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
		Or director Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) See Attachment									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Former Individual trustee or director	Institutional trustee	Officer	Key employee			
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								
(26)								
(27)								
(28)								

1b Sub-total	►	0	0	0
c Total from continuation sheets to Part VII, Section A	►	0	0	0
d Total (add lines 1b and 1c)	►	0	0	0

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

	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	✓
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	✓
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	✓

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.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(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				
	1b Membership dues . . .	1b	50,000			
	1c Fundraising events . . .	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	1f 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	249,728	249,728		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f . . . ►		249,728			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . ►		1,659		1,659	
	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 . . . ►						
12 Total revenue. See instructions. . . . ►		301,387	249,728		1,659	

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)

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 U.S. See Part IV, line 21 . . .	44,376			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . .	10,655			
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 . . .	1,072			
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 . . .	257,180			
20 Interest . . .				
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization				
23 Insurance . . .				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a . . .				
b . . .				
c . . .				
d . . .				
e . . .				
f All other expenses . . .	236			
25 Total functional expenses. Add lines 1 through 24f	313,519			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	256,821	1 244,689
	2 Savings and temporary cash investments	2	
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 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)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	11	
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	256,821	16 244,689
Liabilities	17 Accounts payable and accrued expenses	17	
	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	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	
	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 Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	0	26 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	256,821	27 244,689
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	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	
	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	256,821	33 244,689
	34 Total liabilities and net assets/fund balances	256,821	34 244,689

Part XI Reconciliation of Net AssetsCheck 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	301,387
2	Total expenses (must equal Part IX, column (A), line 25)	2	313,519
3	Revenue less expenses Subtract line 2 from line 1	3	(12,132)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	256,821
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	244,689

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

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 separate basis, consolidated 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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

**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

2010

**Open to Public
Inspection**

Name of the organization
► Attach to Form 990.

Employer identification number

91-1996137

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?
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. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ►

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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) The Morgan Center PO Box 333, Brightwaters, NY 11718	43-1995070	501 (c) 3	\$10,000	0	N/A	N/A	Donation
(2) Family Services League of Long Island, 790 Park Ave.	11-1631827	501 (c) 3	\$10,000	0	N/A	N/A	Donation
(3) Huntington, NY 11743							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) (2010)

2
3
2
2

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
1 Scholarships	20	10,655	0	N/A	N/A
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, 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.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Name of the organization

Credit Union Association of New York, Inc (Chapters)

Employer identification number

91-1996137

Part VI, Line 11b Process Used to Review Form 990

The Form 990 is prepared by the Chief Financial Officer, with information provided directly from the Chapters. In conjunction with the preparation of the Form 990 and related schedules, two Senior Vice Presidents and the Vice President of Member Relations are actively engaged in preparing responses where warranted.

Part VI, Line 12c Process Used to Enforce Conflict of Interest Policy

The Ethics Committee, appointed by the Board of Directors, reviews at least annually the conflict of interest policy and disclosures. Any questions or violations are reported to the Board of Directors.

Part VI, Line 19 Process Used to Provide Availability to the Public

The Form 990 and related schedules, as well as all governing documents are available for public inspection upon request.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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.

Employer identification number
91-1996137

2010

**Open to Public
Inspection**

OMB No 1545-0047

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	Credit Union Association of New York, Inc. 1021 Watervliet Shaker Road, Albany, NY 12205	Trade Association of NY Credit Unions	NY	501(c)(6)	N/A	N/A	Yes ✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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Cat No 50135Y

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) **N/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?	(k) Percentage ownership
(1).....										
(2).....										
(3).....										
(4).....										
(5).....										
(6).....										
(7).....										

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**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1).....							
(2).....							
(3).....							
(4).....							
(5).....							
(6).....							
(7).....							

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

		Yes	No
1a		✓	
1b		✓	
1c		✓	
1d		✓	
1e		✓	
1f		✓	
1g		✓	
1h		✓	
1i		✓	
1j		✓	
1k		✓	
1l		✓	
1m		✓	
1n		✓	
1o		✓	
1p		✓	
1q		✓	
1r		✓	
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.		
(1)	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(2)			
(3)			
(4)			
(5)			
(6)			

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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

Attachment to Form 990

December 31, 2010

EIN #91-1996137 Group 9214

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

<u>Chapter Name/ Address</u>	<u>Chapter ID#</u>	<u>vg</u>	<u>Hours/Week</u>	<u>(B) Title</u>	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>	<u>(F)</u>
					<u>Position</u>	<u>Organization</u>	<u>Related</u>	<u>Other</u>
<u>Adirondack</u>	22-3124479			President One Hour	Officer	\$0	\$0	\$0
Linda Bourgeois UFirst FCU PO Box 473 Plattsburgh, NY 12901								
Martina Bantham State Farm FCU PO Box 8000 Ballston Spa, NY 12020				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Buffalo</u>	16-6036097			President One Hour	Officer	\$0	\$0	\$0
Marie Betti Western New York FCU 7 Willowdale Drive West Seneca, NY 14224								
Robyn Young OPCS FCU 4000 N Buffalo Street Orchard Park, NY 14127				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Capital</u>	14-1742972			President One Hour	Officer	\$0	\$0	\$0
Sue Siegel Sunmark FCU 1187 Troy Schenectady Road Latham, NY 12110								
Mark Hatfield School Systems FCU 125 Defreest Drive Rensselaer Technology Park Troy, NY 12180				Treasurer One Hour	Officer	\$0	\$0	\$0

Credit Union Association of New York, Inc. (Chapters)
 Attachment to Form 990
 December 31, 2010
 EIN #91-1996137 Group 9214

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

<u>Chapter Name/ Address</u>	<u>Chapter ID#</u>	<u>vg</u>	<u>Hours/Week</u>	<u>(B) Title</u>	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>	<u>(F)</u>
					<u>Position</u>	<u>Organization</u>	<u>Related</u>	<u>Other</u>
<u>Catskill-Hudson</u>	22-3117684			President One Hour	Officer	\$0	\$0	\$0
Richard A Mantey Ulster FCU PO Box 2310 Kingston, NY 12402								
Michael J. Ciriello Hudson Heritage FCU 25 Rykowsky Lane Middletown, NY 10941				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Central New York</u>	22-3124397			President One Hour	Officer	\$0	\$0	\$0
Ron Ehrenreich Cooperative FCU 723 Westcott St Syracuse, NY 13210								
Kelly Sherman Empower FCU PO Box 11127 Syracuse, NY 13218				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Finger Lakes</u>	22-3124406			President One Hour	Officer	\$0	\$0	\$0
Donald Rouse Corning FCU PO Box 1450 Corning, NY 14830								
Keith Orfanides ServU FCU 9823 Science Center Drive Painted Post, NY 14870				Treasurer One Hour	Officer	\$0	\$0	\$0

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

Attachment to Form 990

December 31, 2010

EIN #91-1996137 Group 9214

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

<u>Chapter Name/ Address</u>	<u>Chapter ID#</u>	<u>vg</u>	<u>Hours/Week</u>	<u>(B) Title</u>	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>	<u>(F)</u>
					<u>Position</u>	<u>Organization</u>	<u>Related</u>	<u>Other</u>
<u>Jamesstown</u>	16-1253525			President One Hour	Officer	\$0	\$0	\$0
Travis Heiser Inner Lakes FCU 19-21 E Main Street Westfield, NY 14787-1319								
Sorena Gilkinston Inner Lakes FCU 19-21 E Main Street Westfield, NY 14787				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Long Island</u>	11-3068835			President One Hour	Officer	\$0	\$0	\$0
Chris Penna Nassau Financial FCU 865 Merrick Ave. Ste 250N Westbury, NY 11590								
Thomas Fallon Teachers FCU PO Box 9029 Farmingville, NY 11738				Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Metropolitan</u>	13-3620869			President One Hour	Officer	\$0	\$0	\$0
Robert Nemeroff Melrose CU 13930 Queens Blvd Briarwood, NY 11435-2926								
Robin Myers Melrose CU 13930 Queens Blvd Briarwood, NY 11435-2926				Treasurer One Hour	Officer	\$0	\$0	\$0

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

Attachment to Form 990

December 31, 2010

EIN #91-1996137 Group 9214

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

<u>Chapter Name/ Address</u>	<u>Chapter ID#</u>	<u>vg</u>	<u>Hours/Week</u>	<u>Position</u>	<u>Organization</u>	<u>Related</u>	<u>Other</u>	<u>(B) Title</u>	<u>(C)</u>	<u>(D)</u>	<u>(E)</u>	<u>(F)</u>
<u>Niagara</u>	16-1399059											
Louis Salciccioli Greater Niagara FCU 2901 Military Road Niagara Falls, NY 14304				President One Hour	Officer	\$0	\$0					\$0
Virginia Venditti NFANG FCU Bldg 901, 9910 Blewett Ave Niagara Falls, NY 14304				Treasurer One Hour	Officer	\$0	\$0					\$0
<u>Rochester</u>	22-3117004											
Brian Scudder Pittsford FCU PO Box 346 Pittsford, NY 14534				President One Hour	Officer	\$0	\$0					\$0
David Wright WIT FCU 22 4th Street Rochester, NY 14609				Treasurer One Hour	Officer	\$0	\$0					\$0
<u>Southern Tier</u>	22-3124399											
Mario DeFulvio Horizons FCU P.O Box 1881 Binghamton, NY 13902				President One Hour	Officer	\$0	\$0					\$0
Jayne Searles Visions FCU 24 McKinley Avenue Endicott, NY 13760				Treasurer One Hour	Officer	\$0	\$0					\$0

Credit Union Association of New York, Inc (Chapters)

Attachment to Form 990

December 31, 2010

EIN #91-1996137 Group 9214

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

		(B) Title	(C)	(D)	(E)	(F)	
<u>Chapter Name/ Address</u>	<u>Chapter ID#</u>	<u>vg</u>	<u>Hours/Wee</u>	<u>Position</u>	<u>Organization</u>	<u>Related</u>	<u>Other</u>
<u>Utica-Rome</u>	22-2217906						
John Deecher Utica Gas & Electric EFCU 215 Old Campion Road New Hartford, NY 13413			President One Hour	Officer	\$0	\$0	\$0
Michelle Siriano UMICO FCU PO Box 530 Utica, NY 13503-0530			Treasurer One Hour	Officer	\$0	\$0	\$0
<u>Westchester-Rockland</u>	13-3620945						
Bruno Sementilli Quorum FCU 2 Manhattanville Rd., Ste 401 Purchase, NY 10577-1444			President One Hour	Officer	\$0	\$0	\$0
Judy Germano Pepsico EFCU 700 Anderson Hill Road Purchase, NY 10577-1444			Treasurer One Hour	Officer	\$0	\$0	\$0