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DLN: 93493319026582

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)

2011

OMB No 1545-0047

Open to Public

	Revenue	Service	► The organization may have to use a copy	of this return to satisfy	state reporting	requireme	ents	Inspection
A Fo	or the :	2011 ca	lendar year, or tax year beginning 01-01-201	1 and ending 12-31-20	11			
		pplicable	C Name of organization CFCU COMMUNITY CREDIT UNION			D Employ	yer id	entification number
	dress ch	-	Doing Business As		<u> </u>	15-05 E Telepho		
∏ Na	me cha	nge	Deling Datameter / E			•		
Inr	tıal retu	rn	Number and street (or P O box if mail is not deliver	red to street address) Room/s	suite	(607)		s \$ 56,659,140
Г Те	rmınate	d	1030 CRAFT ROAD			0 01033 10	сстре	5 \$ 30,033,140
☐ Am	nended	return	City or town, state or country, and ZIP + 4 ITHACA, NY 14850	•				
Гар	plication	n pending	THINCIN HT 14000					
			F Name and address of principal officer		H(a) Is thu		retur	
			LISA WHITAKER 1030 CRAFT ROAD		affiliat	tes?		⊤Yes ▼ No
			ITHACA,NY 14850		H(b) Are all	affiliates i	inclu	ded?
	v-ever	npt status	501(c)(3)					t (see instructions)
		<u> </u>		4947(a)(1) or   527	H(c) Grou	p exemptı	on ni	umber 🟲
J W	ebsite	e: ► WW'	W MYCFCU COM		<u> </u>			
		ganızatıon	Corporation Trust Association V Other >	CU	<b>L</b> Year of for	mation 195	53 I	<b>M</b> State of legal domicile NY
Pa	rt I	Sumi	nary					
Governance	-	WELL AS	S THE CREDIT UNION OFFERS SAVINGS, 1ST & 2ND MORTGAGES, AUTO, UNSECU	RED, AND MEMBER BU	SINESS LOANS	5		
<b>න්</b> ග	3	Number	of voting members of the governing body (Par	t VI, line 1a)		L	3	9
Activities &			of independent voting members of the governi		-	L	4	9
E C			nber of individuals employed in calendar year				5	191
4	1		nber of volunteers (estimate if necessary) . elated business revenue from Part VIII, colu			-	6 7a	201.435
	1		ated business taxable income from Form 990			H	7a 7b	201,435
					Prio	r Year	Ť	Current Year
	8	Contrib	outions and grants (Part VIII, line 1h)				0	0
를	9		m service revenue (Part VIII, line 2g)			19,396,2	31	26,259,529
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3,	4, and 7d )		3,187,9	65	2,598,805
	11			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12		evenue—add lines 8 through 11 (must equal		ne	29,599,6	86	28,858,334
	13		and similar amounts paid (Part IX, column (A				0	0
	14		s paid to or for members (Part IX, column (A				0	7,984,197
υħ	15		s, other compensation, employee benefits (P		7 6 3 0 0		0.630.030	
Expenses	16a	5-10)	sional fundraising fees (Part IX, column (A), l		7,639,0	0	8,628,829	
Φ ⊕	b		idraising expenses (Part IX, column (D), line 25) •0					
Ð	17		expenses (Part IX, column (D), line 25) F2	d.11f-24e)		18,035,7	85	9,628,700
	18		xpenses Add lines 13–17 (must equal Part			25,674,8	-	26,241,726
	19	Revenu	ue less expenses Subtract line 18 from line :	12		3,924,8	34	2,616,608
8 8					Beginning		ıt 📗	End of Year
Sets afan	20	Totala	ssets (Part X, line 16)			<b>ear</b> 29,186,9	96	800,713,350
Net Assets or Fund Balances	21		abilities (Part X, line 26)			39,827,7	-	707,719,871
20	22		sets or fund balances Subtract line 21 from l			89,359,2	-	92,993,479
Pa	rt II	Signa	ature Block		•			
know know ————————————————————————————————————	rledge a rledge.	****	rjury, I declare that I have examined this return, , it is true, correct, and complete. Declaration of ** ture of officer		er) is based on a	all informat		
Her	e		J KIRK SENIOR VICE PRESIDENT/CFO or print name and title					
Paid	a wa wi -	Preparer signature	S KENNETH WELCH	Date	Check if self-employed	Preparer's (see instri P0132910	uction	ayer identification number s)
Prep Use	arer's Only	Firm's na if self-em	me (or yours CLIFTONLARSONALLEN LLP			EIN • 41-	-0746	749
Joe	Only		and ZIP + 4 4250 N FAIRFAX DRIVE SUITE 1020			Dhama	<b>k</b> /	F74\ 227 0500
			ARLINGTON, VA 22203	Phone no	Phone no 🕨 (571) 227-9500			

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

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age	2
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Par	t III			Accomplishments e to any question in this Par	tIII				.F
1	Brief	y describe the organ	ızatıon's mıssıon						
ENC TO N	OURAC 1ANAG NTAIN	GE THRIFT, SAVING GE AND CONTROL T	S AND THE WISE U HEIR FINANCIAL W	. FINANCIAL SERVICES IN SE OF CREDIT, TO INCREA /ELL-BEING, TO PROVIDE WTH AND TO PROVIDE OL	ASE THE KNOWLEI SOUND FINANCIA	DGE AND AB L MANAGEM	ILITY O	F <sup>OUF</sup> ORDE	R MEMBERS ER TO
2	the pr	or Form 990 or 990	-EZ?		year which were not	t listed on	┌ Yes	Γ Nα	•
	If "Ye	s," describe these ne	w services on Sched	lule O					
3		ie organization cease ces?	conducting, or make	e significant changes in how	it conducts, any pro	gram • • •	┌ Yes	┌ No	•
	If "Ye	s," describe these ch	anges on Schedule (	)					
4	exper	ses Section 501(c)	(3) and 501(c)(4) or	ccomplishments for each of it ganizations and section 494 enses, and revenue, if any, fo	7(a)(1) trusts are re	equired to rep			
 4a	(Code		(Expenses \$	including grants of \$	)	(Revenue \$			)
		CREDIT UNION PROVIDES E ACCOUNTS	FINANCIAL AND BANKING	G SERVICES TO 58,962 MEMBERS A	ND OFFERS SAVINGS, C	CHECKING, MON	EY MARKE	Γ AND (	CERTIFICATE
4b	(Code	<u> </u>	(Expenses \$	ıncludıng grants of \$	)	(Revenue \$			)
		CREDIT UNION OFFERS A OXIMATELY 24,400 LOANS		JCTS INCLUDING 1ST & 2ND MORT ECEMBER 31, 2011	GAGES, AUTO LOANS, U	NSECURED, AND	) MEMBER	BUSINE	ESS LOANS WITH
	(Code	<u> </u>	(Expenses \$	ıncludıng grants of \$	)	(Revenue \$			)
	THE	CREDIT UNION OFFERS O	JR PRODUCTS AND SERV	ZICES THROUGH BRANCHES, ON-LI	NE BANKING, OUR CALL	CENTER AND A	гм'ѕ		
4d	O the	er program services	(Describe in Schedu	le O )					
	(Exp	enses \$	ıncludır	ng grants of \$	) (Revenue	\$		)	
4e	Tota	l program service exp	enses <b>⊧</b> \$						

Part IV	Checklist of	Required	Schedules

	Checking of Required Concurred			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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

	• •
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	17,416			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	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, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
b	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
la	Did the organization have unrelated business gross income of \$1,000 or more during the			
L	year?	3a	Yes	
b la	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
на	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
4a		14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1,10
b .11 a b .22a b .33 a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	13a		N

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

Check if Schedule C	contains a response to	any question in this Part VI										. 攵
o o o o a a o	comeanio a response to	any question in time i are tr	-	•	•	•	•	•	•	-	-	-,

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			l
40-	Ded the consequence have been been been been been as office to 2	40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Б	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	16a		No
h	taxable entity during the year?	va		110
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	_00		<u> </u>
	List the States with which a copy of this Form 990 is required to be filed▶			
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

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

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization PAUL KIRK
  1030 CRAFT ROAD

ITHACA, NY 14850 (607) 257-8500

# 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

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

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

◆ 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

(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thar	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) JAMES PLACE BOARD CHAIR	2 00	х		Х				0	0	0
(2) TONY CAUDELL BOARD VICE-CHAIR	1 00	х		Х				0	0	0
(3) JOSEPH H DURING JR TREASURER	1 00	х		Х				0	0	0
(4) ROBERT CREE SECRETARY	1 00	х		Х				0	0	0
(5) AMY WOOD GONZALEZ DIRECTOR	1 00	х						0	0	0
(6) JAMES G HENION DIRECTOR	1 00	х						0	0	0
(7) SUSAN T SCHATTSCHNEIDER DIRECTOR	1 00	Х						0	0	0
(8) MICHAEL OLSEN DIRECTOR	1 00	Х						0	0	0
(9) LISA WHITAKER CEO	50 00			Х				269,259	0	7,603
(10) PAUL J KIRK CFO	50 00			Х				177,270	0	27,925
(11) WILLIAM CRANE SVP MORTGAGE	50 00					Х		170,526	0	27,218
(12) JILL CICCONE SVP HUMAN RESOURCES	50 00					Х		136,453	0	18,759
(13) EILEEN COVEY SVP OPERATIONS	50 00					Х		138,951	0	18,962
(14) BETH PUTNAM SVP BRANCH ADMINISTRATION	50 00					Х		138,029	0	18,475
(15) CATHERINE BENSON SVP LENDING	50 00					Х		137,837	0	23,766
(16) ROBERT WITTY FORMER CEO	0 00						х	251,188	0	25,029

FRED RIGER ADVERTISING PO BOX 1623 BINGHAMTON, NY 139021623

 $$100,\!000$  of compensation from the organization  $\blacktriangleright 7$ 

CUNA MUTUAL BOX 2964

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

	<b>(A)</b> Name and Title	(B) Average hours per week (describe hours	unles an	on (d e thai	n on son er ai	e bo ıs b nd a	x, oth )		Rep comp fro organi	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC		organiza	
1b	Sub-Total				٠.	•	ı	•			l			
	Total from continuation sheets	<b>,</b>			•	•		<b>▶</b>		1,419,513		0		167,737
d 	Total (add lines 1b and 1c) .  Total number of individuals (incl						above		receive		ın	٧		167,737
_	\$100,000 of reportable compen					ccu	above	<i>)</i> •••••	receive	a more ene				
													Yes	No
3	Did the organization list any for					ey e	mploy	ee, c	or highes	t compens	ated employee			
	on line 1a? If "Yes," complete Sci					•		•				3	Yes	
4	For any individual listed on line in organization and related organization	ations greater th	nan \$15	50,00	007	If "Y	es," co	mple	ete Sched	ule J for su	ch			1
_	Individual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz											5		No
	ection B. Independent Con													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio												
	Nar	(A) ne and business ad	dress							Desc	(B) ription of services		(C Comper	
75 RE	RV INC EMITTANCE DRIVE SUITE 6974 AGO, IL 60675									EFT & BILL P	AY			984,121
1585	ED SOLUTIONS SUMMIT LAKE DRIVE HASSEE, FL 32317									CORE PROC	ESSOR			525,151
245 C	DIATE MAILING SERVICE COMMERCE BLVD POOL, NY 13088									MAIL SERVIC	E PROVIDER			403,081

2 Total number of independent contractors (including but not limited to those listed above) who received more than

353,427

170,394

MARKETING FIRM

BONDING AGENCY

Form 99		Statement of Revenue					Page <b>9</b>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated campaigns 1a					
<u> </u>	b	Membership dues 1b					
S, E	c	Fundraising events 1c					
無無	d	Related organizations 1d					
% <u>`</u> ≣	e	Government grants (contributions) <b>1e</b>					
Contributions, gifts, grants and other similar amounts	f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in					
Sont	h	Innes 1a-1f \$ <b>Total.</b> Add lines 1a-1f	▶				
<u> </u>			Business Code				
E E	2a	LOAN INTEREST	522100	19,160,556	19,160,556		
Program Service Revenue	ь	FEE INCOME	522100	5,820,040	5,618,605	201,435	
ě	c	OTHER INCOME	900099	1,278,933	1,278,933		
ž	d						
ૠુ	e						
Ē	f	All other program service revenue					
Š	'	All other program service revenue					
	g	Total. Add lines 2a-2f		26,259,529			
	3	Investment income (including dividends	s, interest				
		and other similar amounts)	▶ [	2,371,847			2,371,847
	4	Income from investment of tax-exempt bond pr	oceeds . 🕨				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income					
	d	or (loss)  Net rental income or (loss)	▶				
	"	(i) Securities	(II) Other				
	7a	Gross amount (1) Securities	28,027,764				
	' "	from sales of assets other					
		than inventory					
	b	Less cost or other basis and	27,800,806				
		sales expenses	226.050				
	C	Gain or (loss)	226,958	226.050			226 050
	d	Net gain or (loss)	▶	226,958			226,958
As .	8a	Gross income from fundraising events (not including					
ž		\$					
<b>क</b> >-		of contributions reported on line 1c)					
æ		See Part IV, line 18					
4	_	a					
Other Revenue	b	Less direct expenses b					
0	c 9a	Net income or (loss) from fundraising ev	venus				
	) <b>3</b> a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activi	ties				
	10a	Gross sales of inventory, less returns and allowances .					
		a					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inver					
		Miscellaneous Revenue	Business Code				
	11a						
	Ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			•				
	12	<b>Total revenue.</b> See Instructions	. ▶	28,858,334	26,058,094	201,435	2,598,805
				20,030,334	20,030,034		2,398,803 Form <b>990</b> (2011)

# 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) Check if Schedule O contains a response to any question in this Part IX

Total espeess		ot include amounts reported on lines 6b,	(A)	(B)	(c)	(D)
in the United States. See Part IV, June 21  Grants and other assistance to individuals in the United States. See Part IV, June 12  Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, June 15 and 16  Compensation of unread officers, directors, trustees, and key employees.  Compensation of included above, to disqualified persons described in section 49 58 (x) 31(8).  Grants and see States of See S		•				
United States See Part IV, line 22  3 Grants and other assistance to governments, organizations, and individuals outside the United Security of the Compensation of Current officers, directors, trustees, and key employees  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation included above, to disqualified persons (as defined under sections 4958(1)(1)) and persons (as defined under sections 4958(1)(1)) and persons (as defined under sections 4958(4)(3)(8).  7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(k) employer contributions).  9 Other employee benefits	1					
organizations, and individuals outside the United States See Part IV, Intel 5 and 16	2					
5 Compensation of current officers, directors, trustees, and key employees   482,088	3	organizations, and individuals outside the United				
Key employees   482,058	4	Benefits paid to or for members	7,984,197		1	
(as defined under section 4958(f(1)) and persons described in section 4958(f(1)) section 4958(c)(3)(8)  7 Other salaries and wages	5	·	482,058			
7 Other salaries and wages  8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).  9 Other employee benefits	6	(as defined under section 4958(f)(1)) and persons				
403(b) employer contributions   547,661     9 Other employee benefits   588,688     10 Payroll taxes   502,422     11 Fees for services (non-employees)     12 Fees for services (non-employees)     13 Management   3,648     14 Lobbying   4 Lobbying   4 Lobbying     14 Lobbying   7 Lowestern transagement fees   7 Low	7		6,408,990			
10 Payroll taxes	8		547,661			
11   Fees for services (non-employees)	9	Other employee benefits	687,698			
11   Fees for services (non-employees)	10	Payroll taxes	502,422			
b Legal	11					
d Lobbyng	a	Management				
d Lobbyng	b	Legal	3,648			
e Professional fundraising See Part IV, Ine 17 .  f Investment management fees	c					
F   Investment management fees   1,045,035   1,045,	d	Lobbying				
2	e					
12 Advertising and promotion	f	Investment management fees				
13 Office expenses	g	Other	1,045,035			
14 Information technology	12	Advertising and promotion				
15 Royalties	13	Office expenses	3,269,327			
16 Occupancy	14	Information technology				
17 Travel	15	Royalties				
Payments of travel or entertainment expenses for any federal, state, or local public officials	16	Occupancy	828,135			
state, or local public officials	17	Travel	38,139			
Interest	18					
Payments to affiliates	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization	20	Interest				
1,600,148  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 LOAN SERVICING EXPENSE  b EDUCATIONAL AND PROMOTI  c PROVISION FOR LOAN LOSS  d MISCELLANEOUS EXPENSES  d MISCELLANEOUS EXPENSES  f All other expenses  f All other expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ 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	21	Payments to affiliates				
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 LOAN SERVICING EXPENSE  b EDUCATIONAL AND PROMOTI  c PROVISION FOR LOAN LOSS  d MISCELLANEOUS EXPENSES  f All other expenses  f All other expenses. Add lines 1 through 24f  26,241,726  26 Joint costs. Check here F 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	22	Depreciation, depletion, and amortization	515,895			_
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 LOAN SERVICING EXPENSE  b EDUCATIONAL AND PROMOTI  c PROVISION FOR LOAN LOSS  d MISCELLANEOUS EXPENSES  62,500  7 All other expenses  Total functional expenses. Add lines 1 through 24f  26,241,726  26 Joint costs. Check here ▶ ☐ 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	23	Insurance	1,600,148			
b EDUCATIONAL AND PROMOTI  c PROVISION FOR LOAN LOSS  d MISCELLANEOUS EXPENSES  365,905  e  f All other expenses  62,500  25 Total functional expenses. Add lines 1 through 24f  26,241,726  26 Joint costs. Check here ▶ ☐ 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	24	miscellaneous expenses in line 24f If line 24f amount exceeds 10% of				
c PROVISION FOR LOAN LOSS  d MISCELLANEOUS EXPENSES  365,905  e f All other expenses  7 Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ 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	a	LOAN SERVICING EXPENSE	844,990			
d MISCELLANEOUS EXPENSES  e  f All other expenses  62,500  25 Total functional expenses. Add lines 1 through 24f  26,241,726  27 Joint costs. Check here ▶ ☐ 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	b	EDUCATIONAL AND PROMOTI	572,456			
e f All other expenses 62,500  25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ► ☐ 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	С	PROVISION FOR LOAN LOSS	482,522			
All other expenses  Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ▶ ☐ 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	d	MISCELLANEOUS EXPENSES	365,905			
Total functional expenses. Add lines 1 through 24f  26 Joint costs. Check here ► ☐ 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	e					
Joint costs. Check here ► ☐ 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	f	All other expenses	62,500			
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	25	Total functional expenses. Add lines 1 through 24f	26,241,726			
Form <b>990</b> (2011)	26	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 11,721,118 199,446,723 1 1 118.587.878 2 599,000 2 3 3 349.330.744 4 295.773 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 3,436,343 404,215,092 7 8 9 9 376,442 Prepaid expenses and deferred charges . . . . . . 15,913,519 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 10b 8,190,252 b Less accumulated depreciation . . . . . 7,709,703 10c 7,723,267 11 11 238,401,210 12 178,612,769 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 9,444,284 15 729, 186, 996 16 800,713,350 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 2,393,860 17 4,298,456 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 3.054.350 21 7.591.784 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 634,379,541 25 695,829,631 D . . . . 26 639,827,751 26 707,719,871 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

 and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 15.582.928 15.582.928 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 73,776,317 77,410,551 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 89.359.245 33 92.993.479 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 729.186.996 34 800.713.350

- Pa	Check if Schedule O contains a response to any question in this Part XI		•	. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		28.8	358,334
2	Total expenses (must equal Part IX, column (A), line 25)	2			241,726
3	Revenue less expenses Subtract line 2 from line 1	3		2,6	516,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		89,3	359,245
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,0	17,626
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		92,9	993,479
Pai	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t 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		<b>2</b> c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	ssued			
За	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?	2	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the readily or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 15-0574036

Name: CFCU COMMUNITY CREDIT UNION

#### Form 990, Special Condition Description:

**Special Condition Description** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319026582

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

ntemal	Revenue Service		orm 990. ► See separate instructions.		Inspection
Naı	me of the organiz	ation		Employer identifica	ntion number
CFC	CU COMMUNITY CREE	OII UNION		15-0574036	
Pa	rt I Organi:	zations Maintaining Donor A	dvised Funds or Other Similar Fu	•	. Complete if the
	organiza	ation answered "Yes" to Form 99			
_			(a) Donor advised funds	(b) Funds and o	other accounts
1	Total number at				
2	33 3	ributions to (during year)			
3		s from (during year)			
4 -	Aggregate value				
5	funds are the or	ganization's property, subject to the	isors in writing that the assets held in done organization's exclusive legal control?		┌ Yes ┌ No
6	_	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds lefit of the donor or donor advisor, or for an	•	
		rmissible private benefit	refle of the dollar of dollar davisor, or for all	iy other purpose	┌ Yes ┌ No
Pa	rt III Conser	vation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part I\	V, line 7.
1		onservation easements held by the oi			
			ion or pleasure) Preservation of an		
	_	of natural habitat	Preservation of a c	ertified historic struc	ture
		on of open space			
2	•	2a-2d if the organization held a quali e last day of the tax year	ified conservation contribution in the form		
	<del>-</del>		-		End of the Year
а		conservation easements	-	2a	
Ь		estricted by conservation easements		2b	
с		ervation easements on a certified his	` '	2c	
d		ervation easements included in (c) a		2d	
3			erred, released, extinguished, or terminate	d by the organization	during
	the taxable year	r <b>►</b>			
4	Number of state	s where property subject to conserva	ation easement is located ►	<u> </u>	
5		zation have a written policy regarding the conservation easements it holds?	g the periodic monitoring, inspection, hand ?	iling of violations, and	⊤Yes
6	Staff and volunt	eer hours devoted to monitoring, inst	pecting and enforcing conservation easem	ents during the year I	<u> </u>
7	A mount of expe	nses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during the year	
•	<b>►</b> \$				
8		servation easement reported on line 2 and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	┌ Yes ┌ No
9	balance sheet, a		onservation easements in its revenue and the footnote to the organization's financial nents		
Par	<b>t IIII</b> Organi: Comple	zations Maintaining Collectio te if the organization answered '	ons of Art, Historical Treasures, on "Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.
1a	If the organizati art, historical tr	on elected, as permitted under SFAS easures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc nancial statements that describes these it	h in furtherance of pu	
b	historical treasi		i 116, to report in its revenue statement a public exhibition, education, or research ir s		
	(i) Revenues in	cluded in Form 990, Part VIII, line 1		<b>►</b> \$	
		uded in Form 990, Part X			
2		•	orıcal treasures, or other sımılar assets fo		
-		its required to be reported under SFA		5 , p	

a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

الملك	IIII Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	easu	ires, or O	<u>the</u>	r Similaı	r Asse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	-		_		se of its co	ollection	า	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	/ furthe	r the c	organızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interm	edıary	for c	ontrıbu	tions	or other ass	ets r	not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving ta	able		_					
							-	_		Amou	ınt	
с	Beginning balance						<b>-</b>	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						_	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							굣	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1										
Par	t V Endowment Funds. Complete											
	Danis and a few and a large	(a)Current Year	(b)	)Prior \	/ear	<b>(c)</b> Tw	vo Years Back	(d)	Three Years I	Back (e	)Four Ye	ears Back
1a -	Beginning of year balance											
b	Contributions											
с	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
q	End of year balance											
2	Provide the estimated percentage of the yea	r end halance held	as									
- а	Board designated or quasi-endowment	r end balance neld	us									
_	Permanent endowment											
b												
c 3a	Term endowment ► Are there endowment funds not in the posse:	scion of the organia	ation i	+65+ -	ro bole	d a n d a	dministores	lfor	+h.a			
Ja	organization by	ssion of the organiz	ation	tilat c	ire ileit	a a i i u a	aummsteret	1 101	tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	ched	ule R?					3b		
b												
4	Describe in Part XIV the intended uses of th	e organızatıon's en										
4		e organızatıon's en				LO.	T					
4	Describe in Part XIV the intended uses of th	e organızatıon's en		art X		other	(b)Cost or o		(c) Accum deprecia		( <b>d</b> ) Bo	ok value
4 Par	Describe in Part XIV the intended uses of the Land, Buildings, and Equipme	e organızatıon's en		art X	line 1	other		r)	` '			
4 Par 1a L	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property	e organızatıon's en		art X	line 1	other	basis (othe	r) ,632	deprecia		. ,	2,318,632
Par Par 1a L b E	Describe in Part XIV the intended uses of the tall Land, Buildings, and Equipment Description of property  and	e organızatıon's en		art X	line 1	other	basis (othe	r) ,632 ,194	deprecia	tion	. ,	2,318,632 3,895,017
Par 1a L b E c L	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment Description of property  and	e organızatıon's en		art X	line 1	other	basis (othe 2,318 7,799	r) ,632 ,194 ,143	deprecia 3,9	004,177	. ,	2,318,632 3,895,017 770,734
Par 1a L b E c L d E	Describe in Part XIV the intended uses of the VI Land, Buildings, and Equipme  Description of property  and	e organization's en	90, Pa	art X	line 1	other	2,318 7,799 1,911 3,597	r) ,632 ,194 ,143	deprecia 3,9	904,177 140,409	. ,	2,318,632 3,895,017 770,734 452,129 286,755

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line 12.	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		cost of the of year market value
(2)Closely-held equity interests		
(3)Other	160.070.505	_
(A) SECURITIES - AFS	169,073,525	F
(B) SECURITIES - HELD TO MATURITY	7,485,644	С
(C) FHLB CAPITAL STOCK	2,053,600	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	178,612,769	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
		cost of cita of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
		+
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		
<b>Part X</b> Other Liabilities. See Form 990, Part 1 (a) Description of Liability		
	(b) A mount	
Federal Income Taxes	605 820 621	
MEMBER SHARE ACCOUNTS	695,829,631	
	+	
Total (Column /h) should a malfarm COO S. 1. V. 1/O. 1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	695,829,631	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,858,33
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,241,72
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,616,60
4	Net unrealized gains (losses) on investments	4	620,66
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	396,96
9	Total adjustments (net) Add lines 4 - 8	9	1,017,62
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,634,23
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	28,858,33
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		··
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV)	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	28,858,33
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	
5	Total Revenue Add lines ${f 3}$ and ${f 4c.}$ (This should equal Form 990, Part I, line 12 )	5	28,858,33
Part	<b>XIIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Ret	
1	Total expenses and losses per audited financial statements	1	26,241,72
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	26,241,72
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV)	1	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	26,241,72
Pai	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THE CREDIT UNION HOLDS ESCROWACCOUNTS FOR MORTGAGE LOANS ON THEIR BALANCE SHEET THESE ACCOUNTS ARE PAID DIVIDENDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CREDIT UNION IS EXEMPT, UNDER IRC 501(C)(14), FROM FEDERAL AND STATE INCOME TAXES CERTAIN PRODUCTS AND SERVICES PROVIDED BY SELECT STATE CHARTERED CREDIT UNIONS HAVE BEEN DEEMED BY THE INTERNAL REVENUE SERVICE (IRS), IN TECHNICAL ADVICE MEMORANDUMS (TAMS) RELEASED IN 2007, TO BE UNRELATED TO THE SPECIFIC ENTITY'S EXEMPT PURPOSE AS PRESENTED IN THE TECHNICAL ADVICE MEMORANDUMS THE NET TAXABLE INCOME FROM THESE PRODUCTS AND SERVICES WOULD BE SUBJECT TO INCOME TAXES CREDIT UNIONS HAVE LITIGATED AGAINST THE IRS POSITIONS NOTED IN THE TAMS AND HAVE BEEN SUCCESSFUL IN HAVING COURTS DECLARE IN 2009 AND 2010 THAT REVENUE FROM INSURANCE PRODUCTS SOLD TO MEMBERS, HELPING THEM PROTECT THEIR FINANCIAL WELLBEING, QUALIFIES AS EXEMPT PURPOSE INCOME, CONTRARY TO THE IRS POSITION IN THE TAMS THE CREDIT UNION HAS FILED TAX RETURNS IN THE PAST FOR ACTIVITIES THEY HAVE DEEMED TAXABLE AND HAS SIGNIFICANT OPERATING LOSS CARRYFORWARDS WHICH HAVE NOT BEEN CAPITALIZED IN THE FINANCIAL STATEMENTS THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES AND INTEREST FOR ANY YEARS FOR WHICH NOT TAX RETURN WAS FILED IN THE OPINION OF MANAGEMENT, ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING INCOME TAXES ON THE NET TAXABLE INCOME FROM ACTIVITIES POTENTIALLY DEEMED TO BE UNRELATED TO THE CREDIT UNION'S EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS THE CREDIT UNION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS AND AS A RESULT HAS EVALUATED ITS TAX POSITIONS AND DETERMINED NO UNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2011 AND 2010 THE CREDIT UNION'S 2008 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		PURCHASED EQUITY ON BUSINESS COMBINATION 396,962

DLN: 93493319026582

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

01141110701140 0017100	F Attach to Form 330. F See separate histractions.	
Name of the organization CFCU COMMUNITY CREDIT UNION		Employer identification number
		15-0574036
Part I Questions Regarding Co	ompensation	

			Yes	NO
1a	Check the appropiate box(es) if the organization provided any of the following to c 990, Part VII, Section A, line 1a Complete Part III to provide any relevant infor			
		r residence for personal use		
		ss use of personal residence		
		dues or initiation fees		
	<u> </u>	g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written poreimbursement orprovision of all the expenses described above? If "No," comple			
2	Did the organization require substantiation prior to reimbursing or allowing expen officers, directors, trustees, and the CEO/Executive Director, regarding the items			
3	Indicate which, if any, of the following the organization uses to establish the comporganization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment			
	☐ Independent compensation consultant ☐ Compensation surve	· · · · · · · · · · · · · · · · · · ·		
	Form 990 of other organizations  Approval by the boa	rd or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a wor a related organization	ith respect to the filing organization		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement p	lan? 4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangem	ent? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization person contingent on the revenues of	pay or accrue any		
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization properties of compensation contingent on the net earnings of	pay or accrue any		
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization payments not described in lines 5 and 6? If "Yes," describe in Part III	provide any non-fixed 7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a subject to the initial contract exception described in Regs section 53 4958-4(a in Part III			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption processection 53 4958-6(c)?	edure described in Regulations		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation
		(i) Base compensation			other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) LISA WHITAKER	(I) (II)	263,077 0	0	6,182 0	0	7,603 0	276,862 0	
(2) PAUL J KIRK	(I) (II)	152,741 0	21,238 0	3,291 0	17,727 0	10,198 0	205,195 0	
(3) WILLIAM CRANE	(1) (11)	140,608 0	27,040 0	2,878 0	17,053 0	10,165 0	197,744 0	
(4) JILL CICCONE	(1) (11)	114,241 0	21,238 0	974 0	14,087 0	4,672 0	155,212	
(5) EILEEN COVEY	(1) (11)	114,241 0	21,526 0	3,184 0	13,895 0	5,067 0	157,913 0	
(6) BETH PUTNAM	(1) (11)	114,241 0	21,238 0	2,550 0	13,803	4,672 0	156,504 0	
(7) CATHERINE BENSON	(1) (11)	114,241 0	21,238 0	2,358 0	13,784 0	9,982 0	161,603	
(8) ROBERT WITTY	(I) (II)	250,000	0	1,188 0	24,500	529 0	276,217 0	

Schedule J (Form 990) 2011 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493319026582

OMB No 1545-0047

**SCHEDULE 0** 

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

Name of the organization CFCU COMMUNITY CREDIT UNION **Employer identification number** 

15-0574036

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	THE CREDIT UNION IS COMPRISED OF A SINGLE CLASS OF MEMBER-OWNERS, EACH OF WHICH HAS EQUAL RIGHTS IN OWNERSHIP, GOVERNANCE AND VOTING RIGHTS AT THE ANNUAL MEETINGS, WITH THE EXCEPTION OF THE MEMBER-OWNERS WHO ARE ELECTED TO THE BOARD OF DIRECTORS MEMBERSHIP IN THE CREDIT UNION IS LIMITED TO THOSE WHO QUALIFY FOR MEMBERSHIP AS DEFINED IN THE CREDIT UNION'S CHARTER AND BY LAWS THIS GENERALLY CONSISTS OF ALL RESIDENTS LIVING, WORKING OR ATTENDING SCHOOL IN TOMPKINS AND CORTLAND COUNTIES IN ADDITION TO A REGULARLY QUALIFIED MEMBER, THE SPOUSE OF A MEMBER, THE BLOOD OR ADOPTIVE RELATIVES OF EITHER OF THEM AND THEIR SPOUSES MAY BE MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	EVERY MEMBER IS ENTITLED TO ONE VOTE (REGARDLESS OF THE NUMBER OF SHARES THEY OWN) PROVIDED THAT THEY HAVE AT LEAST A \$5 SHARE, DO NOT HAVE ANY PAST DUE LOANS, OR HAVE NOT CAUSED THE CREDIT UNION A LOSS NO MEMBER IS PERMITTED MORE THAN ONE VOTE.
	FORM 990, PART VI, SECTION B, LINE 11	NO REVIEW OF FORM 990 WAS OR WILL BE CONDUCTED
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS SET ANNUALLY BY THE BOARD OF DIRECTORS THEY UTILIZE A COMPENSATION SURVEY AND A SALARY RANGE PROVIDED BY A THIRD PARTY VENDOR AS TOOLS TO DETERMINE THE SALARY THE COMPENSATION OF OTHER KEY EMPLOYEES IS SET BY THE CEO AS PART OF THE ANNUAL REVIEW PROCESS THE CEO USES SALARY RANGES PROVIDED BY A THIRD PARTY TO DETERMINE THESE SALARIES THE SALARIES ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGETING PROCESS THESE PROCESSES WERE MOST RECENTLY COMPLETED IN 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION'S BALANCE SHEET IS POSTED MONTHLY IN THE LOBBY OF EACH BRANCH LOCATION THE MINUTES TO OUR BOARD OF DIRECTORS MEETINGS AND BY LAWS ARE AVAILABLE FOR REVIEW UPON REQUEST IN THE MAIN OFFICE (THE DOCUMENTS MUST BE REVIEWED ON-SITE) WE ALSO FILE A QUARTERLY CALL REPORT WITH NCUA WITH DETAILED FINANCIAL AND MISCELLANEOUS INFORMATION WHICH IS AVAILABLE TO THE GENERAL PUBLIC AT WWW NCUA GOV
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 620,664 PURCHASED EQUITY ON BUSINESS COMBINATION 396,962 TOTAL TO FORM 990, PART XI, LINE 5 1,017,626
AUDIT OVERSIGHT/SELECTION OF INDEPENDENT AUDITOR PROCESS	FORM 990, PART XII, LINE 2C	IN 2011 CFCU CHANGED ITS AUDIT METHOD FROM A REGULAR GAAS AUDIT TO A GAGAS AUDIT BECAUSE OF THIS CHANGE, CFCU HAD TO CHANGE AUDIT FIRMS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493319026582 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ► 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. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** CFCU COMMUNITY CREDIT UNION 15-0574036 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) (d) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) (c) Section 512(b)(13) Name, address, and EIN of related organization Public charity status Primary activity Legal domicile (state Exempt Code section Direct controlling controlled or foreign country) (if section 501(c)(3)) entity organization Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h) Disproprtiona allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o f managing partner?		<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	į		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) CFCU FINANCIAL SERVICES INC 1030 CRAFT ROAD ITHACA, NY 14850 16-1485702	AUTO LEASING		CFCU COMMUNITY CREDIT UNION	С	9,273	273,963	100 000 %

chedul	e R (Form 990) 2011				Pa	age <b>3</b>
Part	Transactions With Related Organizations (Complete if the organization answered	"Yes" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)		
No	te. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> Durir	ng the tax year, did the orgranization engage in any of the following transactions with one or more related	organizations listed in Par	ts II-IV?			
a R	eceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	Yes	
<b>b</b> G	ft, grant, or capital contribution to related organization(s)			1b		No
<b>c</b> G	ft, grant, or capital contribution from related organization(s)			1c		No
<b>d</b> Lo	oans or loan guarantees to or for related organization(s)			1d		No
e Lo	ans or loan guarantees by related organization(s)			1e		No
<b>f</b> Sa	ile of assets to related organization(s)			1f		No
g Pi	urchase of assets from related organization(s)			1g		No
_	cchange of assets with related organization(s)			1h		No
	ase of facilities, equipment, or other assets to related organization(s)			1i		No
i le	ase of facilities, equipment, or other assets from related organization(s)			<u>1j</u>	-	No
-	erformance of services or membership or fundraising solicitations for related organization(s)			1k		No
	rformance of services or membership or fundraising solicitations by related organization(s)			11		No
	naring of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Yes	+
	naring of paid employees with related organization(s)			1n	Yes	
_						
	eimbursement paid to related organization(s) for expenses			10		No
p R	eimbursement paid by related organization(s) for expenses			1p		No
<b>q</b> 0	ther transfer of cash or property to related organization(s)			<b>1</b> q		No
<b>r</b> 01	ther transfer of cash or property from related organization(s)			1r		No
<b>2</b> If	the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered relat	cionships and transact	ıon thresholds		
	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		nount
1) CFCU	FINANCIAL SERVICES INC	A	1,158	FAIR MARKET VALUE		

<b>(a)</b> Name of other organization	(b) Transaction type(a-r)	<b>(c)</b> Amount involved	(d) Method of determining amoun involved		
(1) CFCU FINANCIAL SERVICES INC	А	1,158	FAIR MARKET VALUE		

(2) (3) (4)

(5) (6)

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section to 501(c)(3) organizations?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate allocations?		Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			·	Yes	No			Yes	No		Yes	No									
				·																	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011