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Department of the

Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

2015 Open to Public

DLN: 93493312018366 OMB No 1545-0047

Inspectio<u>n</u>

Internal Revenue Service For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015 C Name of organization CFCU COMMUNITY CREDIT UNION D Employer identification number Address change 15-0574036 Name change Doing business as Initial return . Fınal E Telephone number umber and street (or P O box if mail is not delivered to street address) return/terminated 1030 CRAFT ROAD (607) 257-8500 Amended return City or town, state or province, country, and ZIP or foreign postal code ITHACA, NY $\,$ 14850 $\,$ Application pending **G** Gross receipts \$ 44,144,572 Name and address of principal officer **H(a)** Is this a group return for LISA WHITAKER subordinates? Yes 🗸 1030 CRAFT ROAD Νo ITHACA,NY 14850 H(b) Are all subordinates Yes \square No Tax-exempt status included? 501(c)(3) **√** 501(c) (14) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW MYCFCU COM **H(c)** Group exemption number ▶ **L** Year of formation 1953 M State of legal domicile NY Part I Summary 1 Briefly describe the organization's mission or most significant activities WE ARE A FULL SERVICE FINANCIAL INSTITUTION PROVIDING FINANCIAL AND BANKING SERVICES TO OUR MEMBERS THE CREDIT UNION OFFERS SAVINGS, CHECKING, MONEY MARKET AND CERTIFICATE SHARE ACCOUNTS AS WELL AS 1ST & 2ND MORTGAGES, AUTO, UNSECURED, AND MEMBER BUSINESS LOANS Activities & Governance 2 Check this box ► ☐ 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). 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 223 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 6 **6** Total number of volunteers (estimate if necessary) 11 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 158,012 Net unrelated business taxable income from Form 990-T, line 34 13,548 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . Ravenue Program service revenue (Part VIII, line 2g) 32,581,759 36,259,020 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,362,948 2,390,507 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 34,944,707 38,649,527 13 O Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) . 3,399,615 3,322,528 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 11,036,638 12,879,924 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) $\triangleright_{\underline{0}}^{\underline{0}}$ 12,086,171 15,130,409 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 26,522,424 31,332,861 19 Revenue less expenses Subtract line 18 from line 12 8,422,283 7,316,666 End of Year Beginning of Current Year 974,371,247 20 Total assets (Part X, line 16) . 909,050,024 21 Total liabilities (Part X, line 26) . 789.882.518 848,283,130 119,167,506 126,088,117 22 Net assets or fund balances Subtract line 21 from line 20 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 2016-10-28 Signature of officer Sign Here PAUL J KIRK SENIOR VICE PRESIDENT/CFO Type or print name and title Print/Type preparer's name KENNETH WELCH Preparer's signature KENNETH WELCH Date Check [P01329104 self-employed **Paid** ► CLIFTONLARSONALLEN LLP

Firm's address ► 4250 N FAIRFAX DRIVE SUITE 1020

ARLINGTON, VA 22203

Fırm's name

Preparer

Use Only

Firm's EIN > 41-0746749

Phone no (571) 227-9500

Form	1990 (2015)				Page 2
Par	t IIII Stateme	ent of Program Service A	Accomplishments		
1		Schedule O contains a response the organization's mission	or note to any line in this Part III		
ON3 OT MAI	OURAGE THRIFT MANAGE AND CO	, SAVINGS AND THE WISE US NTROL THEIR FINANCIAL WE S FOR OUR CONTINUED GRO	FINANCIAL SERVICES IN A FRIEN E OF CREDIT, TO INCREASE THE ELL-BEING, TO PROVIDE SOUND F WTH AND TO PROVIDE OUR EMPL	KNOWLEDGE AND ABILITY INANCIAL MANAGEMENT	OFOUR MEMBERS IN ORDER TO
2	the prior Form 99	90 or 990-EZ?		h were not listed on	⊤Yes √No
3	Did the organization	<i>5</i> /	significant changes in how it conduc	ts, any program · · · · · · ·	└─Yes └✓No
4	Describe the org	anization's program service acc	omplishments for each of its three la anizations are required to report the		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	THE CREDIT UNION		SERVICES TO 66,295 MEMBERS AND OFFERS	S SAVINGS, CHECKING, MONEY MAR	KET AND CERTIFICATE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		N OFFERS A VARIETY OF LOAN PRODUC 3,478 LOANS OUTSTANDING AS OF DEC	CTS INCLUDING 1ST & 2ND MORTGAGES, AU TEMBER 31, 2015	TO LOANS, UNSECURED, AND MEME	BER BUSINESS LOANS WITH
4c) (Expenses \$ N OFFERS OUR PRODUCTS AND SERVIO	including grants of \$ CES THROUGH BRANCHES, ON-LINE BANKING) (Revenue \$ G, MOBILE BANKING, OUR CALL CEN) ITER, ATM'S AND PHONE
	SYSTEM				

Other program services (Describe in Schedule O)

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

Total program service expenses ▶ Form **990** (2015)

Part IV Checklist of Required Schedules Yes Note Complete Schedule A	Page 3			
Part IV Checklist of Required Schedules Yes No I Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 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 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 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 II 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? No				
			Yes	No
1		1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3		3		No
4	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?	4		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19?	5		No
6	right to provide advice on the distribution or investment of amounts in such funds or accounts?	6		No
7		7		No
8		8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a			

Yes

Yes

Yes

Yes

Yes

Yes

Νo

Nο

Νo

Νo

Νo

Nο

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Nο

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Form 990 (2015)

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20b

custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

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

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

b Was the organization included in consolidated, independent audited financial statements for the tax year?

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

If "Yes," complete Schedule D, Parts XI and XII

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? ..

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV \dots

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 💆

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) \dots

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

VIII, IX, or X as applicable

If "Yes," complete Schedule D, Part X 🕏

17

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24 c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
252	Section $501(c)(3) \cdot 501(c)(4)$ and $501(c)(29)$ organizations			

4a	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 25a	24a	
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?	24 c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 💆 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

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 💆 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R. Pait II. III. or IV.

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

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 💆 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

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 25a	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"	25-	

25b

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Yes

Yes

Yes

Yes

Form 990 (2015)

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Nο

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Nο

Nο

orm	990 (2015)			Page !
Par				
	Check if Schedule O contains a response or note to any line in this Part V			ᆫ
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12,105		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 12,105 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered			
ь	by this return	2b	Yes	
32	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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	35	103	
	account)?	4a		No
b	If "Yes," enter the name of the foreign country •			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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			
d	file Form 8282?	7 c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time			
	during the year?	8		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities Cartier FOI(a)(12) agranizations Enter	1 1		ı
11 a	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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	13 a		
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			
c	Enter the amount of reserves on hand			
142	Did the organization receive any navments for indoor tanning services during the tay year?	142		i No

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

14b

year by the following a The governing body? . .

Section C. Disclosure

Part

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Form 990 (2015)

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Governance, Management, and Disclosure	

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below,

describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			 		
Se	ction A. Governing Body and Management					
					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are	46				

Ia	year	1a						Ġ]	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b						8	3	
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness • •	s r	elat •	ions •	hip •	with	any •		2

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

Did the organization have members or stockholders?

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

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

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

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,

Did the organization contemporaneously document the meetings held or written actions undertaken during the

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters,

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

Did the organization have a written document retention and destruction policy?

a The organization's CEO, Executive Director, or top management official

f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$

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

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

interest policy, and financial statements available to the public during the tax year

▶PAUL KIRK 1030 CRAFT ROAD ITHACA, NY 14850 (607) 257-8500

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?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

State the name, address, and telephone number of the person who possesses the organization's books and records

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

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

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

a	9		
b	8		

3

4

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7a

10b

11a

12a

12h

12c

13

14

15a

15b

16a

16b

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

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

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

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

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

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

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

	T	Ι								
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle:	ore t ss pe	han ersor cer a tor/t	not one n is and rust	tee)	an	(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
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	м13С)	мт <i>эс</i>	organization and related organizations
(1) BRIAN MITTEER CHAIR	2 00	x		x				0	0	0
(2) ROBERT CREE BOARD VICE-CHAIR	1 00	х		x				0	0	0
(3) JOSEPH H DURING JR TREASURER	1 00	х		x				0	0	0
(4) CLAUDE S HEWITT SECRETARY	1 00	х		x				0	0	0
(5) AMY WOOD GONZALEZ DIRECTOR	1 00	х						0	0	0
(6) KATIE FOLEY DIRECTOR	1 00	х						0	0	0
(7) SUSAN T SCHATTSCHNEIDER DIRECTOR	1 00	х						0	0	0
(8) JAMES W PLACE DIRECTOR	1 00	х						0	0	0
(9) LISA WHITAKER CEO	50 00	х		x				603,509	0	97,917
(10) PAUL J KIRK CFO	50 00			x				267,483	0	58,368
(11) WILLIAM CRANE CAO	50 00				×			254,247	0	64,933
(12) CATHERINE BENSON CLO	50 00				x			227,982	0	49,739
(13) BETH PUTNAM CRO	50 00				х			226,495	0	52,521
(14) EILEEN COVEY VP OPERATIONS	50 00					х		196,625	0	50,572

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unles	nore ti	than ersor icer i	not one on is and		,	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	n I s co	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	6	organization and related organizations
(15) MARTHA PRESTON	50 00					x		133,994		0	43,499
MORTGAGE LOAN SALES ASSOCI	1	L'		'	<u></u>			133,337	1		
(16) ELIZA MULHERN	50 00	['				×		144,593	.[0	48,946
VP & ASSOC GENERAL COUNSEL	1	1'		'				144,333	1		
(17) CHRISTINE WERNER	50 00							132 045			41.01/
VP OF MORTGAGE OPERATIONS	······································	_'	_	_'	_'	×	_!	133,945		0	41,014
(18) JENNIFER CARLTON-COOPER	50 00							120, 202			10.40
VP OF TECHNOLOGY		<u> </u>	 	<u> </u>	<u> </u>	×	\sqcup	139,393	-	0	19,405
						<u> </u>				 	
		\vdash	\vdash	 		 	H			+	
l	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		\downarrow	
·	<u> '</u>	<u> </u>			<u> </u>		'	<u> </u>	<u> </u>		
1b Sub-Total			•	•	_						
c Total from continuation sheets to Part VII	•		•	•							
d Total (add lines 1b and 1c)	<u></u>			>			2,32	28,266	0		526,914

\$100,000 of reportable compensation from the organization \blacktriangleright 15

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

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee 3 Νo 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 4 Yes 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 I for such person . . .

Section B. Independent Contractors amplete this table for your five highest companyated independent contractors that recovered more than \$1.00,000 of

BINGHAMTON, NY 13902 CLIFTONLARSONALLEN

1966 GREENSPRING DRIVE SUITE 300

compensation from the organization. Report compensation for the calen		
(A) Name and business address	(B) Description of services	(C) Compensation
UNITED SOLUTIONS	CORE PROCESSOR	2,028,910
1585 SUMMIT LAKE DRIVE TALLAHASSEE, FL 32317		
FISERV INC	EFT & BILL PAY	1,583,707
PO BOX 99924 GRAPEVINE, TX 76099		
IMMEDIATE MAILING SERVICE	MAIL SERVICE PROVIDER	378,838
245 COMMERCE BLVD LIVERPOOL, NY 13088		
COUGHLIN AND GERHART LLP	LEGAL SERVICES	293,583
PO BOX 2039		1

TIMONIUM, MD 21093 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 11

244,547

EXTERNAL AUDITING SERVICE

Νo

Form 99								Page S
Part V	/111	Statement of			and the Death William			_
		Check if Sched	ule O contains a respoi	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated cam	paigns 1a					012 011
ants	b	Membership du	ues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising ev	ents 1c					
ifts. ar ∆	d	Related organiz	zations 1d					
a, G	e	Government grant	rs (contributions) 1e					
ions r Si	f	All other contributi	ons, gifts, grants, and 1f					
but the	g	Similar amounts no	ot included above ions included in lines					
a fi		1a-1f \$						
<u>고</u>	h	Total. Add line	s 1a-1f					
글	3-	LOAN INTERECT		Business Code	27.057.400	27.057.400		
Program Service Revenue	2a b	LOAN INTEREST FEE INCOME		522100 522100	27,067,198 8,060,111	27,067,198 7,902,099	158,012	
ı, Q⊈	c	OTHER INCOME		900099	1,131,711	1,131,711	136,012	
F VIC	d			300033	1,101,111	1,101,111		
δ E	e							
grai	f	All other progra	am service revenue					
ĕ	g	Total. Add line	s 2a-2f	•	36,259,020			
	3	Investment inc	come (including dividen	ds, interest,	2,113,188			2,113,188
	4		ar amounts) stment of tax-exempt bond		, ,			. ,
	5	Royalties .	<u></u>	<u> ▶</u>				
		0	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)	· · · · · · · · · · · · · · · · · · ·				
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	371,773	5,400,591				
	b	Less cost or other basis and	221,024	5,274,021				
	c	sales expenses Gain or (loss)	150,749	126,570				
	d	Net gain or (los	ss)		277,319			277,319
enne	8a	events (not inc						
Other Revenue		of contributions See Part IV, lir	s reported on line 1c) ne 18 a					
Oth	b		penses b					
	c 9a		(loss) from fundraising from gaming activities	events >				
		See Part IV, lir	ne 19 a					
			penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold b					
	С		(loss) from sales of inv					
	11a	Miscellaneou	s Revenue	Business Code				
	11a b							
	c							
	d	All other reven	ue					
	е	Total. Add line	s 11a-11d	•				
	12	Total revenue.	See Instructions .	🖊	38,649,527	36,101,008	158,012	2,390,507
	4				,,	, -,		Earm 000 (2015

Part IX Statement of Functional Expenses

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

	Г				
	ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members	3,322,528			
5	Compensation of current officers, directors, trustees, and key employees	1,903,194			
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	7,066,589			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	607,735			
9	Other employee benefits	2,577,925			
10	Payroll taxes				
		724,481			
11	Fees for services (non-employees)				
a	Management				
b	Legal	156,527			
с	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f -	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,797,411			
12	Advertising and promotion				
13	Office expenses	5,838,830			
14	Information technology				
15	Royalties				
16	Occupancy	912,081			
17	Travel	42,038			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	903,993			
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROVISION FOR LOAN LOSS	2,673,094			
b	LOAN SERVICING EXPENSE	1,215,297			
c	EDUCATIONAL AND PROMOTI	811,132			
d	MICELLANEOUS EXPENSES	780,006			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	31,332,861			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
					orm 990 (2015)

Form	990 (2	2015)				Page 11			
Par	t X	Balance Sheet							
		Check if Schedule O contains a response or note to any	ine in this Part X						
				(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing		138,808,787	1	182,699,034			
	2	Savings and temporary cash investments			2	250,000			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		393,898	4	795,080			
	5								
Assets	6	Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see ins	rt	6					
	7	Notes and loans receivable, net		597,650,246	7	658,765,891			
	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges		606,162	9	591,267			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 19,191,76	37					
	b	Less accumulated depreciation	10b 9,703,44	8,289,859	10c	9,488,326			
	11	Investments—publicly traded securities			11				
	12	Investments—other securities See Part IV, line 11 .	153,020,087	12	111,162,580				
	13	Investments—program-related See Part IV, line 11 .			13				
	14	Intangible assets			14				
	15	Other assets See Part IV, line 11		10,280,985	15	10,619,069			
	16	Total assets.Add lines 1 through 15 (must equal line 34	1)	909,050,024	16	974,371,247			
	17	Accounts payable and accrued expenses		3,387,833	17	4,462,726			
	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	6,068,726	21	74,128			
Liabilities	22	Loans and other payables to current and former officers key employees, highest compensated employees, and o							
.		persons Complete Part II of Schedule L			22				
Ë	23	Secured mortgages and notes payable to unrelated thir	d parties		23				
	24	Unsecured notes and loans payable to unrelated third p	arties		24				
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to related third parties,						

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

Total liabilities. Add lines 17 through 25 . . .

Capital stock or trust principal, or current funds .

lines 27 through 29, and lines 33 and 34.

Unrestricted net assets .

complete lines 30 through 34.

Temporarily restricted net assets

Permanently restricted net assets .

Total net assets or fund balances . .

Total liabilities and net assets/fund balances

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

780,425,959

789,882,518

15,582,928

103,584,578

119,167,506

909,050,024

25

27

28

29

30

31

32

33

843,746,276 848,283,130

С

15,582,928

110,505,189

126,088,117

974,371,247 Form **990** (2015) Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

1 Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☐ Other

Consolidated basis

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

✓ Consolidated basis

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

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

Both consolidated and separate basis

Both consolidated and separate basis

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments .

Part XII Financial Statements and Reporting

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Donated services and use of facilities .

Investment expenses

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

1

2

3

4

5

6

7

8

9

10

38,649,527

31,332,861

7,316,666

-245,306

-150,749

✓

No

Νo

Νo

Form 990 (2015)

126,088,117

Yes

Yes

Yes

2a

2b

2c

3a

3b

119,167,506

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE D**

(Form 990)

Department of the

DLN: 93493312018366 OMB No 1545-0047

Supplemental Financial Statements

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

Attach to Form 990.

reas	sury nal Revenue Service	Information about Schedule D ((Form 990) and its instruction	ns is at <u>www.i<i>rs</i></u>	.gov/f	orm990.	Inspec	tion
Na	me of the organi CU COMMUNITY CRE				-	oyer identifica	ntion numbe	er
Pa		izations Maintaining Donor				574036 or Accounts	i.	
	Comple	ete if the organization answere	·	rt IV, line 6.				
1	Total numbe	r at end of year	(a) Donor advised funds		(b)	Funds and oth	er accounts	5
- 2		alue of contributions to (during						
_	year)	and of contributions to (during						
3	Aggregate v	alue of grants from (during year)						
4	Aggregate v	alue at end of year						
5	•	ation inform all donors and donor a rganization's property, subject to t			or advis	sed	☐ Yes	∏ No
6	used only for cl	ation inform all grantees, donors, a haritable purposes and not for the ermissible private benefit?		_		purpose	☐ Yes	┌ No
Pa	rt III Consei	rvation Easements. Comple	te if the organization ans	wered "Yes" o	n Form	n 990, Part I	V, line 7.	
1	Purpose(s) of c	onservation easements held by th	e organization (check all that	apply)				
	Preservati education)	on of land for public use (e g , recre		reservation of ar	histor	ically importai	nt land area	
		of natural habitat	<u>. </u>	reservation of a				
	Preservati	on of open space	·					
2	'	2a through 2d if the organization l ne last day of the tax year	neld a qualified conservation	contribution in tl	he form	of a conserva	tion	
						Held at the	End of the	e Year
а		f conservation easements			2a			
b	_	restricted by conservation easeme		- (-)	2b			
C		servation easements on a certified servation easements included in (c		` '	2 c			
d		ire listed in the National Register	.) acquired after 8/17/06, and	u not on a	2d			
3	Number of cons	servation easements modified, trar	nsferred, released, extinguish	ied, or terminate	d by the	e organization	during the	
	tax year ▶							
4	Number of state	es where property subject to conse	ervation easement is located	>	_			
5	3	iization have a written policy regar enforcement of the conservation e	J .	inspection, hand	ling of	┌ ʏ	'es	О
6	Staff and volung	teer hours devoted to monitoring, i	nspecting, handling of violati	ons, and enforci	ng cons	ervation ease	ments durii	ng the
	A mount of ovno	 enses incurred in monitoring, inspe	esting handling of violations	and onforcing co	ncorva	tion oacomon	to during th	0 V02r
7	► \$	enses incurred in monitoring, inspe	ecting, handling of violations,	and emorcing co	niserva	tion easemen	is during th	e year
8	Does each con	servation easement reported on lir on 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requ	urements of sec	tion 17	0(h)(4)	′es	lo
9	balance sheet,	escribe how the organization report and include, if applicable, the text	of the footnote to the organiz			se statement,	and .	
Pai	t IIII Örgani	n's accounting for conservation ea izations Maintaining Collec ete if the organization answere	tions of Art, Historical		or Oth	er Similar	Assets.	
1a	If the organizat works of art, his	tion elected, as permitted under SF storical treasures, or other similar e, in Part XIII, the text of the footr	AS 116 (ASC 958), not to reassets held for public exhibit	eport in its reven tion, education, o	or resea	rch in further		
b	works of art, his	cion elected, as permitted under SF storical treasures, or other similar e the following amounts relating to	assets held for public exhibit					lıc
((i) _{Revenue inclu}	ided on Form 990, Part VIII, line 1			> \$			
		ed in Form 990, Part X						
2 `		ion received or held works of art, h	nistorical treasures, or other s					
-	following amour	nts required to be reported under S	FAS 116 (ASC 958) relating	to these items				

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	LL D (5							_
	tiii Organizations Maintaining (continued)	Collections of A	Art, His	toric	al Treasures,	or O	ther Similar A	Page 3
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other re	cords, ch	eck ar	y of the following	that a	re a significant us	e of its
а	Public exhibition		d	_	Loan or exchange	n prog	rame	
	Fubile exhibition			_	5	e prog	iailis	
b	Scholarly research		е		Other			
c	Preservation for future generations							
4	Provide a description of the organization? Part XIII	s collections and ex	plaın hov	they	further the organi	zatıon	's exempt purpose	ın
5	During the year, did the organization solid assets to be sold to raise funds rather the							s No
Pai	rt IV Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form 9	990, F	art IV, line 9, o	or rep	orted an amour	nt on Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	todian or other inte	rmediary	for co	ntributions or othe	er ass	ets not Ye :	s 🗸 No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the foll	lowing	table		Am	ount
c	Beginning balance	·				1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2 a	Did the organization include an amount of	n Form 990, Part X,	lıne 21, 1	for esc	row or custodial a	accour	nt liability? 🗸 Ye	s No
b	If "Yes," explain the arrangement in Part		•		<u>'</u>			
Рa	rt V Endowment Funds. Comple	(a)Current year		wered or year	b (c)Two years		(d)Three years back	(e)Four years back
1a	Beginning of year balance	(a)Current year	(D)PII	or year	b (c) I wo years	Dack	(d)Tillee years back	(e)Four years back
b	Contributions							
_								
c	Net investment earnings, gains, and losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
q	End of year balance							

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

Board designated or quasi-endowment ▶

Permanent endowment >

(ii) related organizations .

Temporarily restricted endowment ▶

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

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

organization by

(i) unrelated organizations

If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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

3b

3a(i)

3a(ii)

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	Cost or other basis (investment)	Cost or other basis (other)	(c)depreciation	(d)book value
1a Land		2,916,796		2,916,796

b Buildings . . 9,613,827 9,613,827 **c** Leasehold improvements 1,877,909 1,877,909

d Equipment . 4,783,235 4,783,235 9,703,441 -9,703,441 9,488,326

Part VII Investments—Other Securities. Con See Form 990, Part X, line 12.	mplete if the orga	nızatıon answered 'Ye	Page s' on Form 990, Part IV, line 11b
(a) Description of security or category (including name of security)		(b)Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			- Control of Journal Market Falue
(2)Closely-held equity interests (3)Other		1 002 500	
(A) FHLB CAPITAL STOCK		1,983,500	C
(B) SECURITIES AFS		107,553,659	F
(C) OTHER INVESTMENTS		367,396	С
(D) SECURITIES HELD FOR SALE		1,258,025	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	111,162,580	
Part VIII Investments—Program Related. Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11c. _{Se}	e Form 990. Part X. line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market value
Part IX Other Assets. Complete if the organization	on answered 'Yes' on	Form 990, Part IV, line	11d See Form 990, Part X, line 15
(a) Descr	ription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 1 Part X Other Liabilities. Complete if the organization.		d 'Vos' on Form 990	P
See Form 990, Part X, line 25.			raitiv, fille lie of lif.
1. (a) Description of liability	(b) Book value		
Federal income taxes			
MEMBER SHARE ACCOUNTS	843,746	,276	

843,746,276

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

1 2

> а b

> c

d

e

5

3

а

b

c

Part XII

2e

2e

3

Page 4

3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a а 4b b Add lines 4a and 4b 4c

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Explanation

SHEET THESE ACCOUNTS ARE PAID DIVIDENDS

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Other (Describe in Part XIII)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . 2a b Prior year adjustments 2b

Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)

d Other (Describe in Part XIII) e Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b.

Add lines **4a** and **4b**

THE CREDIT UNION HOLDS ESCROW ACCOUNTS FOR MORTGAGE LOANS ON THEIR BALANCE

2b

2c

2d

2c

2d

4c

Schedule D (Form 990) 2015

Supplemental Information Part XIII

Other losses

PART IV. LINE 2B

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

information

Return Reference

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)



efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493312018366 Compensation Information OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 2015 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. Open to Public Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Inspection **Employer identification number** Name of the organization CFCU COMMUNITY CREDIT UNION 15-0574036 Questions Regarding Compensation Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Nο 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Any related organization? 5b If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Any related organization? 6b If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? Schedule J (Form 990) 2015 Cat No 50053T For Paperwork Reduction Act Notice, see the Instructions for Form 990.

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	• •
		(.:\	(.:.)	1 other deferred	benefits	$I \qquad (B)(\iota)-(D) \qquad I$	column(B) report

(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	1' '	(F) Compensation in
		(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)	column(B) reported
	Base	Bonus & incentive	Other reportable	compensation			as deferred on prior

Schedule J (Form 990) 2015

Page 2

Schedule J (Form 990) 2015

(I) compensation

Form 990 compensation compensation

See Additional Data Table

Schedule J (Form 990) 2015 Page 3 Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule J (Form 990) 2015

Software ID: **Software Version:**

EIN: 15-0574036

Name: CFCU COMMUNITY CREDIT UNION

Part	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
Table Marthage M	(A) Name and Title		(i) Base	(ii) Bonus & Incentive	(iii) O ther reportable	other deferred		(E) Total of columns (B)(i)-(D)	column (B) reported as deferred
TABLE PRINCE P	1LISA WHITAKERCEO	(1)	429,048	,	· ·	79.984	17.933	701.426	0
Commerce Commerce		(11)	0	0	0	0			0
Committee Comm	1PAUL J KIRKCFO	(1)	207,459	60,024	0	43,346	15,022	325,851	0
Comparison Com		(11)	0	0	0	0		- 0	0
STATHERINE BENSONCLO	2WILLIAM CRANECAO	(1)	187,854	56,608	9,785	36,735	28,198	319,180	0
ABETH PUTNAMCRO		(11)	0	0	0	0	0	_ _ 0	0
ABETH PUTNAMCRO (I) 171,778 50,074 4,643 44,775 7,746 279,016 0 0 0 0 0 0 0 0 0 0 0 0 0	3CATHERINE BENSONCLO	(1)	171,828	51,381	4,773	32,687	17,052	277,721	0
Counsel Coun		(11)	0	o	0	0	0		0
SEILEEN COVEY	4BETH PUTNAMCRO	(1)	171,778	50,074	4,643	44,775	7,746	279,016	0
VP OPERATIONS		(11)	0	0	0	0	-		0
MARTHA PRESTON MORTGAGE LOAN SALES ASSOCI		(1)	153,688	38,837	4,100	42,615	7,957	247,197	0
MORTGAGE LOAN SALES ASSOCI (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(11)	0	0	0	0	0	- 0	0
TELIZA MULHERN VP & ASSOC GENERAL COUNSEL COUNSE	MORTGAGE LOAN SALES	(1)	131,302	0	2,692	35,753	7,746	177,493	0
VP & ASSOC GENERAL COUNSEL (II) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSOCI	(11)	0	0	0	0	0	0	0
Comparison Com	VP & ASSOC GENERAL	(1)	117,635	20,349	6,609	22,691	26,255	193,539	0
VP OF MORTGAGE OPERATIONS (I) 18,810 2,200 30,117 10,897 174,939 0 9 JENNIFER CARLTON-COOPER VP OF TECHNOLOGY (I) 114,491 18,810 6,092 18,182 1,223 158,798 0 VP OF TECHNOLOGY (II) 0 0 0 0 - - 0	COUNSEL	(11)	0	0	0	0	0	0	0
Column C	VP OF MORTGAGE	(1)	112,935	18,810	2,200	30,117	10,897	174,959	0
JENNIFER CARLTON-COOPER VP OF TECHNOLOGY (II) 0 0 0 0 1 18,810 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(11)	0	0	0	0	0	0	0
	JENNIFER CARLTON-COOPER	(1)	114,491	18,810	6,092	18,182	1,223	158,798	0
	VP OF TECHNOLOGY	(11)	0	0	0	0	0	0	0

efile GRAPH	IC prin	nt - DO N	NOT PROC	ESS	As	Filed Dat	:a -				DLN:	9349	33120	18366	
Schedule L			Tra	nsac	tio	ns with	Intereste	d Person	S			ОМВІ	No 1545	5-0047	
Form 990 or 99		"Yes" on	Form 9 or	90, F Forn	Description of the organization answered 90, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.										
Department of the reasury		≯Iı	nformation a			lule L (Form) and its instr	uctions	s is at			en to P nspect		
		on							Fr	nnlove	r ident	ificatio	n numbe	r	
												medero	uiiibe	•	
Part I Exc	ess Be	nefit Tra	ansaction	S (sec	tıon	501(c)(3), s	ection 501(c)	(4), and 501(5-057 organı		only)			
Com	plete ıf t	he organız	ation answe	red "Ye	es" o	n Form 990,	Part IV, line 2	25a or 25b, or	Form	990-E	Z, Part	V , line			
1 (a) Nar	ne of dis	qualified p	erson	(b)) Rel	•	:ween disquali rganization	ıfıed person an		•	cription saction		(d) Cor Yes	rected?	
													103	110	
									-						
									+						
									+						
								sons during the			section ▶ \$	·			
3 Enter the	amount (of tax, ıf ar	ny, on line 2,	above	, reir	nbursed by t	he organizatio	on			> \$				
Complete if torganization (a) Name of interested (b) Relate with			anization answer ed an amount on p (c) (c) Purpose of or			O, Part X, lin	r Form 990-EZ, Part V, line 38a, Part X, line 5, 6, or 22 (e)O riginal file due amount		(g) In default?		(h Approby boo	ı) oved ard or	(i)Wr agreer		
epartment of the reasury sternal Revenue Service Name of the organ CFCU COMMUNITY COMPLET I Exces Comple 1 (a) Name 2 Enter the am 4958 3 Enter the am Comporgan (a) Name of Interested person (Interested person)				То		From			Yes	No	Yes	No	Yes	No	
														+	
													+	+	
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otal															
	ants o	r Assista	► \$ ance Bene	efiting	ı In	terested F	Persons.								
		ıf the org	ganızatıon	answe	red			rt IV, line 27	'.						
` '			Relationshi rested pers organiza	on and		(c) A mount	t of assistance	e (d) Type	ofass	istanc	e (e)) Purpo:	se of ass	sistance	
			organiza	LIOII											
											_				
or Paperwork Re	duction	Act Notice,	see the Insti	ructions	s for	Form 990 or 9	990-EZ.	 Cat No 50056A		Sche	dule L (I	Form 99	0 or 990-	-EZ) 2015	

(1) LISA WHITAKER

No

Nο

organization's revenues?

Yes

Page 2

(a) Name of ir	nterested person	(b) Relationship
		between interested
		person and the
		organization

CEO/PRESIDENT/DIRECTOR

(c) A mount of

transaction

2.028,910 PRESIDENT/CEO/DIRECTOR LISA WHITAKER IS ON THE BOARD OF UNITED

Explanation

SOLUTIONS WHICH IS THE CREDIT UNION'S CORE PROCESSOR

(d) Description of transaction

Schedule L (Form 990 or 990-EZ) 2015

LISA WHITAKER IS

CREDIT UNION

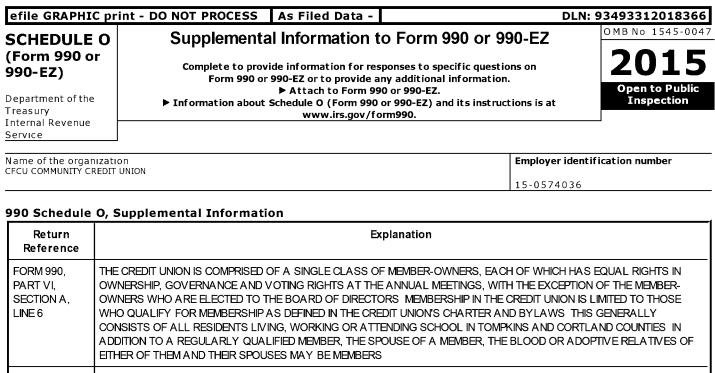
OF CFCU COMMUNITY

Supplemental Information

Part V

Return Reference

Provide additional information for responses to questions on Schedule L (see instructions)



FORM 990.

I INF 7A

EVERY MEMBER IS ENTITLED TO ONE VOTE (REGARDLESS OF THE NUMBER OF SHARES THEY OWN) PROVIDE

PART VI. D THAT THEY HAVE AT LEAST A \$5 SHARE. DO NOT HAVE ANY PAST DUE LOANS. OR HAVE NOT CAUSED T

SECTION A, HE CREDIT UNION A LOSS. NO MEMBER IS PERMITTED MORE THAN ONE VOTE.

Return Reference Explanation FORM 990, PART EVERY MEMBER IS ENTITLED TO ONE VOTE (REGARDLESS OF THE NUMBER OF SHARES THEY OWN) PROVIDED THAT VI. SECTION A. LINE 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, MEMBERS ARE ENTITLED TO VOTE ON 7B DISSOLVING THE ORGANIZATION FORM 990 IS REVIEWED BY THE CFO PRIOR TO FILING VI. SECTION B. LINE

FORM 990, PART

990 Schedule O. Supplemental Information

Return
Reference

FORM 990,
PART VI,
SECTION B,
LINE 15

CREDIT UNION HAS BEEN WORKING WITH A THIRD PARTY CONSULTANT FOR THE LAST SEVERAL YEARS TO HELP
LINE 15

Explanation

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 IN

990 Schedule O, Supplemental Information

SECTION C.

LINE 19

	ADDITION, THE CREDIT UNION HAS BEEN WORKING WITH A THIRD PARTY CONSULTANT FOR THE LAST SEVERAL YEARS TO HELP DETERMINE THE EXECUTIVE TEAM AND THE VP TEAMS COMPENSATION PACKAGE. THESE PROCESSES WERE MOST RECENTLY COMPLETED IN 2015
FORM 990,	THE CREDIT UNION'S BALANCE SHEET IS POSTED MONTHLY IN THE LOBBY OF EACH BRANCH LOCATION T
PART VI,	HE MINUTES TO OUR BOARD OF DIRECTORS MEETINGS AND BY LAWS ARE AVAILABLE FOR REVIEW UPON REQ

UEST IN OUR MAIN OFFICE (THE DOCUMENTS MUST BE REVIEWED ON-SITE) WE ALSO FILE A QUARTERLY

LABLE TO THE GENERAL PUBLIC AT WWW NCUA GOV

CALL REPORT WITH NCUA WITH DETAILED FINANCIAL AND MISCELLANEOUS INFORMATION WHICH IS AVAIL

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART XI, LINE 9 RECLASS FOR GAINS ON SALES OF SECURITY IES-AFS INCLUDED IN NET INCOME -150,749

FORM 990, PART XII, LINE 2C

THE OVERSIGHT AND SELECTION PROCESSES HAVE NOT CHANGED SINCE THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493312018366 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) 2015 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Attach to Form 990. Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization CFCU COMMUNITY CREDIT UNION 15-0574036 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) (f) (e) End-of-year assets Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income or foreign country) entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year. (a) (c) (d) (e) (f) (g) Direct controlling Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2015

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990	, Part IV,	line 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	(c) Legal domicile (state or foreign country)		unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	(k) Percentage ownership
			514)			Yes	No	1	Yes	No	
						162	140		ies	140	
										\vdash	
										\Box	
										í l	
										Ш	
Part VI I I de la life de la companya de la company	 _ • • • • •	-					<u> </u>		.00 5		-

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) 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	Sectio (b)(contr enti	n 512 13) olled ty?
								Yes	No
(1) CFCU FINANCIAL SERVICES INC 1030 CRAFT ROAD ITHACA, NY 14850 16-1485702	AUTO LEASING	NY	CFCU COMMUNITY CREDIT UNION	C	2,262	307,249	100 000 %		No

Schedule R (Form 990) 2015					Pag	ge 3
Part V Transactions With Related Organizations Complete if the organization answer	red "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
f c Gıft, grant, or capital contribution from related organization(s)				1 c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
q Reimbursement paid by related organization(s) for expenses				1 q		No
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	

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

revenue) that was not a related organization. See instructions r							(a)	(h)		(1)	(1)		(k)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	org	(e) all partners section 601(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			517)	Yes	No			Yes	No		Yes	No	
												7	

