990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2008 Open to Public Inspection

<u>A</u> _	For the 20	08 calendar y	ear, or tax year beginn		6/30/			_		
В	Check if applic		O Harrie of organization	Hendrick Hudson Educ	cation	Asoc.	D	Employ	er identification	number
	Address chang	ge luse IRS label or		Faculty Association						
币	Name change		1 ~ ~ .					23-7	365567	
긤	Ivanie change	type.		O box if mail is not delivered to street address)		Room/suite	Ε			
\sqcup	Initial return	See	1	any Post Road			i -			
\Box	Termination	Specific		r country, and ZIP + 4			- 	C	25	3,769
$\overline{\sqcap}$	Amended retu	Instruc- m tions.	Montrose	NY 105	548		۲	Gross receip	55 20	,5,109
H		E Nove			740		 .,,	-> 1. #		
	Application per	nding F Nam	e and address of principa	ai officer			יחן		roup return for	1
		ł					н	affiliates' b) Are all af		\vdash
								included	Yes	- Ш
								If "No," a	ttach a list (see instr	uctions)
1_	Tax-exemp		501(c) (9) •	(insert no) 4947(a)(1) or	527					
<u>J</u> _	Website			·			H(c) Group ex	emption number 🕨	
	Type of organ	ızatıon X Co	rporation Trust	Association Other	<u>_</u> <u></u>	Year of format	ion	N	State of legal dom	ıcıle
	art I	<u>Summa</u>	<u>ry</u>							
	1 · Brie	fly describe	the organization's mis	sion or most significant activities			,			
S	A	ct as a	liaison, rep	resentative or bargaining	ng agent	for				
#	1	ocal di	strict teache	ers and the NYS Teachers	Union.					
2										
~	2 Che	ck this box	If the organiza	ation discontinued its operations or dispos	sed of more the	an 25% of its	assets			
Ö	1		_	erning body (Part VI, line 1a)				3		
E	1		•	ers of the governing body (Part VI, line 1b)			4		
≥ક્કુ	l .		employees (Part V, lii		,			5		
OŠ.	1			-						
Į,Ř			volunteers (estimate					6		
2	1	•		ue from Part VIII, line 12, column (C)				7a		
-	D Net	unrelated bu	siness taxable incom	e from Form 990-T, line 34			Prior Year	7b	Current Ye	0
1	8 Con	tributione an	d grants (Part VIII, lin	o 1h)			TIOT TEAT		Current Te	<u>ar</u>
Revenue CALINE DINIES SOLD SALLE			• •	•			240,	050	240	,252
Į.			revenue (Part VIII, lir			<u> </u>				
Re	1			(A), lines 3, 4, and 7d)				709		1,098
	1			lines 5, 6d, 8c, 9c, 10c, and 11e)				380		3,419
				(must équal Part VIII, column (A), line 1	2)	 	246,	148	253	3,769
				<u>r1X,</u> column (A), lines 1-3)						
	,			IX, column (A), line 4)		<u></u>				
Sa	15 Sala	aries, other b	ompergation@model	e benefits (Part IX, column (A), lines 5–	10)		95,	<u>817 </u>	103	<u>3,750</u>
benses	16a Prof	fessional fund	draising fees (Part IX,	column (A), line 11e)						
	b Tota	al fundraising	expenses (Part IX, o	olµmn (□), line 25) ►						
ij	17 Othe	er expenses	(Rahlix Ledium) (A)	ines 11a-11d, 11f-24f)			158,	919	126	,141
				t equal Part IX, column (A), line 25)			254,	736	229	,891
	19 Rev	enue less ex	penses Subtract line	18 from line 12			-8,	588		3,878
2 8	3					Begi	nning of Ye		End of Yea	
sets	20 Tota	al assets (Pa	rt X, line 16)				175,	543	211	.,654
TAS E	21 Tota	al liabilities (F	Part X, line 26)				7,	220	19	,453
Net Assets or	22 Net	assets or fur	nd balances Subtract	line 21 from line 20			168,			,201
	art II		re Block							
		Under penal	ties of penury. I declare t	hat I have examined this return, including accom	npanying schedu	les and statem	ents, and t	o the best	of my knowledge	
				plete Declaration of preparer (other than officer						
Sig	n l	N 8	John Hr	that -				1 <i>2</i> –	15-10	
He		Signatu	ire of officer	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Date	/ <u>/</u> /	
		Joighad	(1) 41 Cura	Frast				2 –	15-10	l
		Type or	print name and tible	11001				α		
		V Type of	print name and use						Preparer's identifyi	no number
Pa	id	Preparer's	Karles	\mathcal{L}_{i}	Date		Check if self-		(see instructions)	
	eparer's	signature	<u> </u>		2/:		employed	<u>▶ ∐</u>	P00172	
	e Only	Firm's name		ens Accounting Corp.				EIN _	20-504	12976
U 3	Cilly	if self-employ	yed), 2 CI	inton Ave				Phone		
		address, and	JZIP+4 Ossi	ning, NY 10562				no ▶ S	14-941-	-3178
_										
May	y the IRS d	scuss this re		r shown above? (see instructions)					Yes	No (2008)

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Part IV	Checklist of Required Schedules
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	504/ \(\rangle \)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		x
_	complete Schedule A	2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
4	Schedule C, Part II	4		
_	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	—		
5	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		Х
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,"		Į	
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
-	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			}
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	L	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1.		7.
	24b-24d and complete Schedule K If "No," go to question 25	24a		Х
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		i	
	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	2=		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	051		
	person from a prior year? 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			x
	disqualified person outstanding as of the end of the organization's tax year? If "Yes." complete Schedule L. Part II	26	-	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	27		x
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<u>27</u>	990	
		LOL		12000)

Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a Part IV Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X complete Schedule L, Part IV 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a X professional corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form 990 (2008)

X

	Otationion rogarating other mornings and removement			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı ı			
	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable			
	gaming (gambling) winnings to prize winners?	, ,	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined for the control of the control	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
_	instructions)	4 5			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere		20	ı	X
L	this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3a 3b		
b 4a		-	30		
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin				
	account)?		4a		X
h	If "Yes," enter the name of the foreign country				
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	F			
	Regarding Prohibited Tax Shelter Transaction?	•	5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more		- 1		
	\$75?		7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		_		v
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	· · · · · · · · · · · · · · · · · · ·	7.		X
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	<u> </u>	7e 7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	Г	, a		
"	required?		7h	j	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec)			
-	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spor	F			
	organization, have excess business holdings at any time during the year?	-	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	, ,			
а	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	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	.		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		<u></u>

Form 990 (2008) Hendrick Hudson Education Asoc. 23-7365567

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management				
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the			
	circumstances, processes, or changes in Schedule O See instructions				
1a	Enter the number of voting members of the governing body	1a			
b	Enter the number of voting members that are independent	1b			
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		X
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 per	erson?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior For		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets	\$?	5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers			
	of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers	ons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken d				
	the year by the following	•			
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9a	Does the organization have local chapters, branches, or affiliates?		9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such cl	napters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	•	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All org	anizations			
-	must describe in Schedule O the process, if any, the organization uses to review the Form 990		10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at			
• •	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		X
Sec	tion B. Policies		•		
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give			
-	rise to conflicts?		12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es."			
_	describe in Schedule O how this is done	•	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval	bv			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and				
а	The organization's CEO, Executive Director, or top management official?		15a		<u>x</u>
h	Other officers or key employees of the organization?		15b		X
-	Describe the process in Schedule O (see instructions)				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent			
104	with a taxable entity during the year?		16a		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evalu	ate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe				
	the organization's exempt status with respect to such arrangements?	94	16b		
Sec	tion C. Disclosure	·-·-			
17	List the states with which a copy of this Form 990 is required to be filed None	*			
18	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 make these available. Check all that apply	(-/(-///			
	Own website Another's website Upon request				
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	anflict of interest			
19		minot of titletest			
00	policy, and financial statements available to the public	t records of the			
20	State the name, physical address, and telephone number of the person who possesses the books and segentiation. Hendrick Hudson H.S. 2166 Albany				
	organization ► Hendrick Hudson H S 2166 Albany		914-25	7-5	ളവ
Me	ontrose N	Y 10548	714-62	<u>,-5</u>	5 9 0

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. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest <u>compensated employees</u>, and former such persons

Check this box if the o	rganization did not compe	nsat	e an	y offi	icer,	direc	tor,	trustee, or key employee		
(A)	(B)	L		(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Terrence Pie	rce								~	
2nd V Pres				X				16,000	0	0
Doreen Halsa	11									
Pres				X				10,250	0	. 0
Gary DelCiop	po									
V Pres		<u> </u>	<u> </u>	X		Ш		10,150	0	0
Marie Manner										
Secretary		_		X	<u> </u>	\vdash		9,000	0	0
Kathryn Fros	t					1				•
Treasurer		_		X	<u> </u>		-	8,000	0	0
Stuart Zaima	ın							4 750	0	0
2nd V Pres		├	_	X		\vdash		4,750	0	0
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Form **990** (2008)

Pa	ırt V	III Statement of Rev	enue			·	···		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
		Federated compares	40				revenue	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a						
g g	b	Membership dues	1b						
ž, E	С	Fundraising events	1c						
<u> </u>	d	Related organizations	1d						
ξË	е	Government grants (contributions)	1e	 					
흕	f	All other contributions, gifts, grants,							
혈축		and similar amounts not included above	1f						
돧	g	Noncash contributions included in lines	la-1f \$, <u> </u>					
Se	h	Total. Add lines 1a-1f			▶				
<u>•</u>	<u> </u>	Todan ida mila i			Busn. Code				
ᇹ	20	MCIM Mechanish F			Busii. Gode	249,252	249,252		
Š	2a	NYSUT Membership D	ues		-	243,232	243,232		
ě	Ь								
Ξ̈́	С				\vdash				<u> </u>
တ္မ	d								
ä	е							<u>-</u>	
ğ	f	All other program service rev	enue						
4	g	Total. Add lines 2a-2f			•	249,252			
	3	Investment income (including	g divide	nds, intere	est, and				
		other similar amounts)			•	1,098	1,098		
	4	Income from investment of t	ax-exem	nt bond to	roceeds ►				
	5	Royalties			•				
	"	(i) Real		(u) F	Personal				
				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5,55.14.				
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)		İ					•
	d	Net rental income or (loss)		1					
	l 'a	Gross amount from sales of assets (i) Security	ies	(11)) Other				
		other than inventory							
	b	Less cost or other							
		basis & sales exps							
	c	Gain or (loss)							
	d	Net gain or (loss)			•				
	8a	Gross income from fundraising e	onte						
Ф	Ua		VC11W						
Ē		(not including \$		ŀ					
Š		of contributions reported on line	-		ļ				
Other Revenu		See Part IV, line 18	а						
je.		Less direct expenses	b						
ŏ	С	Net income or (loss) from ful	ndraisin	events	•				<u> </u>
	9a	Gross income from gaming activi	ties.						
		See Part IV, line 19	а						
	ь	Less direct expenses	b		L				
		Net income or (loss) from ga	ming ac	tivities	•				
		Gross sales of inventory, les						•	
	104	returns and allowances	а						
	_		b		-				
	1	Less cost of goods sold					i		
	C	Net income or (loss) from sa		ventory					
		Miscellaneous Reven	ue		Busn. Code				
	11a	Retirement Dinner				3,375	3,375		
	b	Vote Cope refund				44	44		<u> </u>
	с	•							<u> </u>
	d	All other revenue							
	e	Total. Add lines 11a-11d				3,419		7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	12	Total Revenue. Add lines 1	20.3	4. 5. 6d	·		***************************************		
	`-	9c, 10c, and 11e	., _g, J,	., -,,	. u, uu, u	253,769	253,769	C	o
	L	50, 100, and 116							

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).

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		92,133			
7	Other salaries and wages	92,133	·······		<u> </u>
8	Pension plan contributions (include section 401(k)				
^	and section 403(b) employer contributions)				
9	Other employee benefits	11,617			
10 11	Payroll taxes Fees for services (non-employees)	11,01,		<u> </u>	
	Management				
	Legal				
	Accounting	1,890			
d					
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,506			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	466	-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,666			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	NYSUT dues	97,488	·	ļ	
b	Retirement Dinner	10,401			
C	Donations & gifts	2,887	·	ļ	
d	Meetings	2,678 2,434			
e	Grievance Services	3,725			
	All other expenses Total functional expenses Add lines 1 through 24f	222			
25	Joint Costs. Check here If following	223,031			
26	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
				•	

_P	art 7	Balance Sneet								
			(A) Beginning of year		(B) End of y					
	_	Cook non-interest hearing	48,321	1		3,3	319			
		Cash—non-interest bearing	122,892	2		5,				
	2	Savings and temporary cash investments	122,002	3		<u> </u>				
	3	Pledges and grants receivable, net	 	4						
	4	7 Accounts receivable, net								
	5									
		employees, or other related parties Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section								
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete								
		Part II of Schedule L		6						
ţs	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use		8						
Ğ	9	Prepaid expenses and deferred charges		9						
	10a	Land, buildings, and equipment cost basis 10a								
	b	Less accumulated depreciation Complete								
	İ	Part VI of Schedule D		10c						
	11	Investments—publicly traded securities		11						
	12	Investments—other securities See Part IV, line 11		12						
	13	Investments—program-related See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets See Part IV, line 11	4,330	15		2,0	<u> 530</u>			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	175,543	16	21	.1,(<u> 554</u>			
	17	Accounts payable and accrued expenses	7,220	17	1	.9,4	153			
	18	Grants payable								
	19									
	20 Tax-exempt bond liabilities									
es	i	21 Escrow account liability Complete Part IV of Schedule D								
Liabilities	22 Payables to current and former officers, directors, trustees, key									
Ē		employees, highest compensated employees, and disqualified								
Ë		persons Complete Part II of Schedule L		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable		24						
	25	Other liabilities Complete Part X of Schedule D		25						
	l		7,220		1	9,4	453			
10	26	Total liabilities. Add lines 17 through 25	,,220	20						
nces		Organizations that follow SFAS 117, check here ▶ ☐ and								
ă		complete lines 27 through 29, and lines 33 and 34.		27						
Balar	27	Unrestricted net assets								
Ш	28	Temporarily restricted net assets		28						
Fund	29	Permanently restricted net assets		29						
Ĭ	[Organizations that do not follow SFAS 117, check here ► X								
9	ŀ	and complete lines 30 through 34.								
ţs	30	Capital stock or trust principal, or current funds		30						
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	1.60, 202	31	1.0		201			
Ą	32	Retained earnings, endowment, accumulated income, or other funds	168,323			2,2				
Net	33	Total net assets or fund balances	168,323			2,2				
~	34	Total liabilities and net assets/fund balances	175,543	34	21	1,(554			
<u>P</u>	art)	Financial Statements and Reporting				- 				
					<u></u>	Yes	No			
1		counting method used to prepare the Form 990 X Cash Accrual	Other			v				
2		ere the organization's financial statements compiled or reviewed by an independent acc	countant?		2a	X	~			
t		ere the organization's financial statements audited by an independent accountant?			2b	∤	<u> </u>			
•		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsi					77			
		e audit, review, or compilation of its financial statements and selection of an independe			2c	∤	<u> </u>			
3	a As	a result of a federal award, was the organization required to undergo an audit or audits	s as set forth in			ļ				
	the	Single Audit Act and OMB Circular A-133?			3a					
t	o If"	Yes," did the organization undergo the required audit or audits?			3b					

Form 990, Part IX, Line 24f - All Other Expenses Total	23-7365567	Federal Stat	Statements			•,
Total Program Service Servic		Form 990, Part IX, Line 24f	- All Other Expenses			<u>, `, </u>
#Wards \$ 2,000 \$ 2,000 \$ 397	Description	Total Expenses	Program Service	Management & General	Fund Raising	
	scholarship Awards Insurance Telephone Other Dues & Subscription Total					
						_

Form 8868

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form **8868** (Rev 4-2009)

Internal I	Revenue Service		
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		► X
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this for	n)	
Do not	complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo		
Part	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corne	oration required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete		
Part I o	·		▶ □
		_	
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte	nsion of	
	file income tax returns		
Electro	onic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	me to file	
	the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8		
	nically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870		
	, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Pa		m
8868 F	For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonpro	fits	
Type o		Employ	er identification number
print	Hendrick Hudson Education Asoc.		
File by th	he Faculty Association	23-7	365567
due date	Number, Street, and found of suite floring a Proposition of Street, and found of suite floring and street, and found of suite floring and street, and found of suite floring and suite floring a		
filing you return S	. IZIOO AIDANY POST. KOAO		
instructio			
	Montrose NY 10548		<u> </u>
_	type of return to be filed (file a separate application for each return)		
X F	Form 990 Form 990-T (corporation)		Form 4720
\vdash	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 5227
ᆸ	Form 990-EZ Form 990-T (trust other than above)		Form 6069
∐ F	Form 990-PF		Form 8870
Tel If the lifth for the valist will	lephone No ▶ 914-257-5890 Itephone No ▶ 914-257-5890 It	If this is attach	▶ □
	or the organization's return for	•	
•	calendar year or		
	▼ X tax year beginning 7/01/08, and ending 6/30/09		
•	Lax year beginning 77 out of or and change of out of		
2 !!	f this tax year is for less than 12 months, check reason Initial return Final return Change	in account	ting period
3a If	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
<u>le</u>	ess any nonrefundable credits. See instructions	3a	\$
b If	f this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
р	payments made_include any prior year overpayment allowed as a credit	3b	\$
c E	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
d	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
s	System) See instructions	3c	\$
	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 ment instructions	-EO	

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.