See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93490342000000

Form **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

2006

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CENTRA CREDIT UNION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1430 NATIONAL ROAD

City or town, state or country, and ZIP + 4
COLUMBUS, IN 47201

D Employer identification number
35-0885381

E Telephone number
(812) 376-9771

F Accounting method ☐ Cash ☑ Accrual ☐ Other (specify) ▶

✱ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ WWW CENTRA ORG

J Organization type (check only one) ▶ ☑ 501(c) (14) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 51,961,654

H *and* **I** *are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

M Check ▶ ☑ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b			
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ _____ noncash $ _____)			1e	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	50,423,095
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory	**(A)** Securities	8a	**(B)** Other	
	b	Less cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	1,538,559
	12	**Total revenue** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	51,961,654
Expenses	13	Program services (from line 44, column (B))			13	
	14	Management and general (from line 44, column (C))			14	
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** Add lines 16 and 44, column (A)			17	44,615,701
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	7,345,953
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	73,309,863
	20	Other changes in net assets or fund balances (attach explanation)			20	959,469
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	81,615,285

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others *(See the instructions.)*

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b	Other grants and allocations (attach schedule) (cash $_____ noncash $_____) If this amount includes foreign grants, check here ▶ ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	859,585			
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,583,289			
27	Pension plan contributions not included on lines 25a, b and c	27	109,188			
28	Employee benefits not included on lines 25a - 27	28	749,035			
29	Payroll taxes	29	620,863			
30	Professional fundraising fees	30				
31	Accounting fees	31	130,000			
32	Legal fees	32	58,656			
33	Supplies	33	471,273			
34	Telephone	34	351,045			
35	Postage and shipping	35	576,939			
36	Occupancy	36	1,323,230			
37	Equipment rental and maintenance	37	1,415,353			
38	Printing and publications	38				
39	Travel	39	97,924			
40	Conferences, conventions, and meetings . .	40	87,432			
41	Interest	41	19,751,215			
42	Depreciation, depletion, etc (attach schedule)	42	1,214,158			
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	**Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	44,615,701	0	0	0

Joint Costs. Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☐ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $_____, **(ii)** the amount allocated to Program services $_____, **(iii)** the amount allocated to Management and general $, and **(iv)** the amount allocated to Fundraising $

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ▶ STATE CHARTERED AND FEDERALLY INSURED CREDIT UNION WHICH GRANTS CONSUMER LOANS INCLUDING CREDIT CARDS, LEASE FINANCING AND OPEN-END CREDIT, MORTGAGE LOANS AND BUSINESS LOANS TO ITS MEMBERS

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a ALL CTIVITIES ARE STATE CHARTED CREDIT UNION ACTIVITIES WHICH ARE EXEMPT UNDER SECTION 501 C 14

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

b _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d _____

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)
(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶

Part IV Balance Sheets *(See the instructions.)*

Note:				(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		12,960,594	45	11,632,414
	46	Savings and temporary cash investments		87,173,865	46	124,950,515
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a 484,197,255			
	b	Less allowance for doubtful accounts	51b	430,211,845	51c	484,197,255
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)		47,245,298	56	58,883,506
	57a	Land, buildings, and equipment basis	57a 28,680,190			
	b	Less accumulated depreciation (attach schedule)	57b 13,878,502	12,189,284	57c	14,801,688
	58	Other assets, including program-related investments (describe ▶ _____)		15,726,443	58	21,848,931
	59	**Total assets** (must equal line 74) Add lines 45 through 58		605,507,329	59	716,314,309
Liabilities	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ _____)		532,197,466	65	634,699,024
	66	**Total liabilities** Add lines 60 through 65		532,197,466	66	634,699,024
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted			67	
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds		73,309,863	72	81,615,285
	73	**Total net assets or fund balances** Add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		73,309,863	73	81,615,285
	74	**Total liabilities and net assets / fund balances** Add lines 66 and 73		605,507,329	74	716,314,309

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			**a**	29,089,037
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	**b1**			
2	Donated services and use of facilities	**b2**			
3	Recoveries of prior year grants	**b3**			
4	Other (specify)	**b4**	22,872,617		
	Add lines **b1** through **b4**			**b**	22,872,617
c	Subtract line **b** from line **a**			**c**	51,961,654
d	Amounts included on Part I, line 12, but not on line **a**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	22,872,617
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			**e**	51,961,654

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			**a**	21,743,084
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	**b1**			
2	Prior year adjustments reported on Part I, line 20	**b2**			
3	Losses reported on Part I, line 20	**b3**			
4	Other (specify)	**b4**	22,872,617		
	Add lines **b1** through **b4**			**b**	22,872,617
c	Subtract line **b** from line **a**			**c**	44,615,701
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	**d1**			
2	Other (specify)	**d2**			
	Add lines **d1** and **d2**			**d**	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			**e**	44,615,701

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ▶ 7			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	**75b**		No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" . . . . . ▶	**75c**		No
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	**75d**	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	**(B)** Loans and Advances	**(C)** Compensation (If not paid enter -0-)	**(D)** Contributions to employee benefit plans and deferred compensation plans	**(E)** Expense account and other allowances

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	**76**		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . .	**77**		No
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? . . .	**78a**	Yes	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	**78b**	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	**79**		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	**80a**		No
b	If "Yes," enter the name of the organization ▶ _____ _____ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . **81a**			
b	Did the organization file **Form 1120-POL** for this year?	**81b**		No

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	*501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	*501(c)(7) orgs.* Enter **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	*501(c)(12) orgs.* Enter **a** Gross income from members or shareholders 87a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ _____			
e	*All organizations.* At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f	*All organizations.* Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		No

90a List the states with which a copy of this return is filed ▶ IN

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 218

91a The books are in care of ▶ ALVIN LECHER Telephone no ▶ (812) 376-9771

Located at ▶ 1430 NATIONAL RD COLUMBUS, IN ZIP + 4 ▶ 47201

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		No

If "Yes," enter the name of the foreign country ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No

If "Yes," enter the name of the foreign country ▶

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here . . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92

Part VII Analysis of Income-Producing Activities ***(See the instructions.)***

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E)
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93	Program service revenue					
a	PROGRAM SERVICE REVENUE					50,423,095
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments . . .					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities . . .					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a FINANCIAL SERVICES	523000	159,580			
b	LIFE INSURANCE	524113	266,830			
c	OTHER UNRELATED	523000	9,446			
d	ALL OTHER RELATED INCOME					1,102,703
e						
104	Subtotal (add columns (B), (D), and (E)) . .		435,856			51,525,798
105	**Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					51,961,654

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes ***(See the instructions.)***

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	ORG IS A CREDIT UNION, EXEMPT UNDER SEC 501(C)(14)
103E	ORG IS A CREDIT UNION, EXEMPT UNDER SEC 501(C)(14)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities ***(See the instructions.)***

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts ***(See the instructions.)***

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . ☐ Yes ☑ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . ☐ Yes ☑ No

NOTE: *If "Yes" to* ***(b),*** *file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?		

Please Sign Here

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

****** — Signature of officer — 2010-12-03 — Date

ALVIN LECHER VP FINACIAL OPERATIONS — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed	Preparer's SSN or PTIN (See Gen Inst W)
BRUCE M BRINK CPA	2010-12-07	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4	EIN
CLARK & LEUCHT PC 320 N MERIDIAN ST SUITE 428 INDIANAPOLIS, IN 46204	Phone no (317) 264-1095

Additional Data

Software ID:
Software Version:
EIN: 35-0885381
Name: CENTRA CREDIT UNION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	**43a**				
b PROVISION FOR LOAN LOSSES	**43b**	3,121,402			
c LOAN PROCESSING & COLLECTIONS	**43c**	425,269			
d IT & DATA PROCESSING	**43d**	852,390			
e OUTSIDE SERVICES	**43e**	2,426,396			
f CREDIT CARD PROCESSING	**43f**	591,630			
g ADVERTISING & PROMOTION	**43g**	684,557			
h ALL OTHER	**43h**	1,114,872			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
TOM KIEFFER 967 JUNCO DRIVE COLUMBUS,IN 47203	CHAIRMAN 2 00	4,800		
SHIRLEY KREUTZJANS 4085 S GLADSTONE AVE COLUMBUS,IN 47201	V CHAIRMAN 2 00	8,537		
BRYAN CURRY 14201 W GEORGETOWN RD COLUMBUS,IN 47201	SECRETARY 2 00	4,800		
CRAIG MONROE 721 N MONROE CT COLUMBUS,IN 47201	TREASURER 2 00	4,800		
JAMES JOHNSON 1556 N MEADOWS CT COLUMBUS,IN 47203	BOARD MEMBER 2 00	3,600		
E MELINDA ENGELKING 939 S WOLFCREEK RD COLUMBUS,IN 47201	BOARD MEMBER 2 00	1,200		
ROB ZINKAN 3150 HEATHER LN COLUMBUS,IN 47203	BOARD MEMBER 2 00	3,600		
LORETTA BURD 9881 W SHORE DR COLUMBUS,IN 47201	CEO-PRES 40 00	323,619	6,750	
DOUGLAS HARRIS 422 RIDGEVIEW CT COLUMBUS,IN 47201	CFO 40 00	148,874	3,503	
PATRICIA KNORR 2260 LAKE CREST DR COLUMBUS,IN 47201	COO 40 00	107,267	3,217	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JEFFREY MAUDLIN 4810 STONEBRIDGE CT COLUMBUS,IN 47201	CLO 40 00	115,662	3,470	
JAMES MILLS 4013 MARQUETTE DR FLOYDS KNOBS,IN 47119	SIM PRES 40 00	112,826	3,385	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Land etc. Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
	28,680,190	13,878,502	14,801,688

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Assets Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Description	Beginning of Year Amount	End of Year Amount
CORPORATE CU MEMBERSHIP SHARES	2,231,657	3,722,062
FHLB STOCK	1,340,100	1,357,800
NCUA SHARE INSURANCE FUND DEP	4,725,805	5,680,919
ALL OTHER	7,428,881	11,088,150

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Changes in Net Assets Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Description	Amount
MERGER OF ARVIN G&F CU	498,587
UNREALIZED GAINS ON AFS SECURITIES	460,882

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Expenses Included Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Description	Amount
INTEREST EXP ON DEPOSITS AND PROVISION FOR LOAN LOSSES	22,872,617

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Liabilities Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Description	Beginning of Year Amount	End of Year Amount
MEMBER DEPOSITS	529,693,345	631,446,275
ALL OTHER	2,504,121	3,252,749

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Notes/Loans Receivable Short Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Category/Name	Amount
MEMBER LOANS	484,197,255

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490342000000

TY 2007 Other Revenues Included Schedule

Name: CENTRA CREDIT UNION

EIN: 35-0885381

Description	Amount
INTEREST EXP ON DEPOSITS AND PROVISION FOR LOAN LOSSES	22,872,617