Amended

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

2007

Open to Public Inspection

NO STATUTE ISSUE

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

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

C Name of organization
UNITED CREDIT UNION

Number and street (or P O box if mail is not delivered to street address) — Room/suite
P.O. BOX 858

City or town, state or country, and ZIP + 4
MEXICO, MO 65265

D Employer identification number
43-0300770

E Telephone number
(573)581-8651

F Accounting method [ ] Cash [X] 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).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list)

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

G Website. ▶WWW.UNITEDCU.ORG

J Organization type (check only one) ▶ [X] 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

I Group Exemption Number ▶ N/A

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,039,125.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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	0.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	6,391,839.
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	623,788.
	5	Dividends and interest from securities		5	
	6 a	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	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	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	
	10 a	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	23,498.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	7,039,125.
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	6,551,302.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12		18	487,823.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	9,273,137.
	20	Other changes in net assets or fund balances (attach explanation) See Statement 2		20	-190,468.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	9,570,492.

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SCANNED JUN 10 2011

723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2007)

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

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 $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) 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	25a	220,519.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b	0.			
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)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,110,148.			
27 Pension plan contributions not included on lines 25a, b, and c	27	136,467.			
28 Employee benefits not included on lines 25a - 27	28	142,566.			
29 Payroll taxes	29	103,888.			
30 Professional fundraising fees	30				
31 Accounting fees	31	28,712.			
32 Legal fees	32	7,229.			
33 Supplies	33	79,938.			
34 Telephone	34	61,138.			
35 Postage and shipping	35	96,115.			
36 Occupancy	36	136,736.			
37 Equipment rental and maintenance	37	55,725.			
38 Printing and publications	38				
39 Travel	39	10,049.			
40 Conferences, conventions, and meetings	40	30,987.			
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	209,267.			
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g See Statement 3	43g	4,121,818.			
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,551,302.			

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 $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

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? ▶
PROVIDER OF FINANCIAL SERVICES FOR MUTUAL PURPOSE.

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 PROVIDES FINANCIAL AND FINANCIALLY RELATED SERVICES TO 15,129 MEMBERS.

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

b PROVIDES A SOURCE OF CREDIT TO 8,223 MEMBERS AT A FAIR AND REASONABLE RATE OF INTEREST.

(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: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			45	1,796,272.
	46	Savings and temporary cash investments			46	11,753,742.
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees Statement 4			50a	401,950.
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a	Other notes and loans receivable	51a 79,712,967.			
	b	Less allowance for doubtful accounts	51b 393,115.		51c	79,319,852.
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	287,507.
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV			54b	
	55 a	Investments - land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other			56	
	57 a	Land, buildings, and equipment: basis	57a 3,194,345.			
	b	Less. accumulated depreciation Stmt 5	57b 1,625,119.		57c	1,569,226.
	58	Other assets, including program-related investments (describe ▶ See Statement 6)		0.	58	2,127,687.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		0.	59	97,256,236.
Liabilities	60	Accounts payable and accrued expenses			60	838,053.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe ▶ See Statement 7)		0.	65	86,847,691.
	66	**Total liabilities.** Add lines 60 through 65		0.	66	87,685,744.
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		0.	70	0.
	71	Paid-in or capital surplus, or land, building, and equipment fund		0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds		0.	72	9,570,492.
	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)		0.	73	9,570,492.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		0.	74	97,256,236.

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	N/A
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			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	
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	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	

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

a	Total expenses and losses per audited financial statements			a	N/A
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			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	
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	

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 Statement 8		192,653.	27,866.	0.

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

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 11			
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		X
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		X
	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	X	

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 & deferred compensation plans	(E) Expense account and other allowances
None				

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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	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		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a	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		X
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** N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	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 for the prior year.			
c	Dues, assessments, and similar amounts from members **85c** N/A			
d	Section 162(e) lobbying and political expenditures **85d** N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e** N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f** N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h		
86	*501(c)(7) organizations.* Enter: **a** Initiation fees and capital contributions included on line 12 **86a** N/A			
b	Gross receipts, included on line 12, for public use of club facilities **86b** N/A			
87	*501(c)(12) organizations* Enter: **a** Gross income from members or shareholders **87a** N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **87b** N/A			
88 a	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		X
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		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A , section 4912 ▶ N/A , section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) organizations* 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 N/A	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
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		X

90 a List the states with which a copy of this return is filed ▶None

b Number of employees employed in the pay period that includes March 12, 2007 **90b** 42

91 a The books are in care of ▶ BRENT SADLER Telephone no ▶ (573)581-8651

Located at ▶ GREEN BLVD AT BRECKENRIDGE ST, MEXICO, MO ZIP + 4 ▶ 65265

			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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.	91b		X

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? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

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 N/A

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a See Statement 9		17,899.			6,373,940.
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					623,788.
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not 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 ROYALTIES					23,498.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		17,899.		0.	7,021,226.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 7,039,125.

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)
	See Statement 10

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
	%			
N/A	%			
	%			
	%			

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).*

Form **990** (2007)

723163
12-27-07

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).* N/A

	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.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	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.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, 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 | Date 5/2/2011

BRENT SADLER, PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 4/29/11	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	STEPHEN LANG & ASSOCIATES, LLC 14323 S. OUTER 40 STE N205 CHESTERFIELD, MO 63017		EIN	
			Phone no (314)205-8601	

Form **990** (2007)

723164/12-27-07

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	Varies	L			98,220.			98,220.			0.
2	LAND IMPROVEMENTS	Varies	SL	20.00	16	234,568.			234,568.	146,361.		11,912.
3	BUILDING & IMPROVEMENTS	Varies	SL	20.00	16	1240490.			1240490.	325,463.		40,259.
4	FURNITURE, FIXTURES & EQUIPMENT	Varies	SL	3.00	16	1621067.			1621067.	944,028.		157,096.
	* Total 990 Page 2 Depr					3194345.		0.	3194345.	1415852.	0.	209,267.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Footnotes Statement 1

THE FORM 990 IS BEING AMENDED TO CORRECT UNRELATED BUSINESS INCOME AS REPORTED ON AMENDED FORM 990-T.

Form 990	Other Changes in Net Assets or Fund Balances	Statement 2

Description	Amount
FAS 158 PENSION - INITIAL ENTRY	-207,461.
MERGER WITH ANOTHER CREDIT UNION	16,993.
Total to Form 990, Part I, line 20	-190,468.

Form 990	Other Expenses	Statement 3

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
MEMBER DEPOSIT DIVIDENDS	2,873,379.			
PROVISION FOR LOAN LOSSES	388,146.			
EDUCATION & PROMOTION	136,994.			
LOAN SERVICING	126,964.			
PROFESSIONAL & OUTSIDE SERVICES	293,052.			
DATA PROCESSING	48,424.			
OFFICE OPERATIONS	150,956.			
LEAGUE DUES	26,231.			
CASH OVER/SHORT & OTHER LOSSES	6,886.			
MISCELLANEOUS	8,879.			
LOSS ON DISPOSAL OF REPOSSESSED ASSETS	61,907.			
Total to Fm 990, ln 43	4,121,818.			

Form 990	Receivables Due From Officers, Directors, Trustees and Other Key Employees - Reported as Single Total	Statement 4

Description	Balance Due
LOANS MADE ON SUBSTANTIALLY THE SAME TERMS AS LOANS TO GENERAL MEMBERSHIP.	401,950.
Total included on Form 990, Part IV, line 50a, Column B	401,950.

Form 990	Depreciation of Assets Not Held for Investment	Statement 5

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	98,220.	0.	98,220.
LAND IMPROVEMENTS	234,568.	158,273.	76,295.
BUILDING & IMPROVEMENTS	1,240,490.	365,722.	874,768.
FURNITURE, FIXTURES & EQUIPMENT	1,621,067.	1,101,124.	519,943.
Total to Form 990, Part IV, ln 57	3,194,345.	1,625,119.	1,569,226.

Form 990	Other Assets	Statement 6

Description	Beginning of Year	End of Year
ACCRUED INCOME		424,229.
NCUSIF DEPOSIT		849,497.
OTHER RECEIVABLES		717,252.
FORECLOSED AND REPOSSESSED ASSETS		36,888.
OTHER DEPOSITS		99,821.
Total to Form 990, Part IV, line 58		2,127,687.

Form 990 Other Liabilities Statement 7

Description	Beginning of Year	End of Year
MEMBER SHARE DEPOSITS		86,740,455.
ACCRUED DIVIDENDS PAYABLE		107,236.
Total to Form 990, Part IV, line 65		86,847,691.

Form 990 Part V-A - List of Current Officers, Directors, Trustees and Key Employees Statement 8

Name and Address	Title and Avrg Hrs/Wk	Compen-sation	Employee Ben Plan Contrib	Expense Account
MARY (BETTY) CLARK GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	PRESIDENT 40.00	88,119.	10,397.	0.
DONNA EVANS GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	VICE PRESIDENT - LOAN SERVICES 40.00	42,328.	10,474.	0.
JANIS ROWE GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	VICE PRESIDENT - OPERATIONS 40.00	62,206.	6,995.	0.
GREG PECK GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	CHAIRMAN 1.00	0.	0.	0.
RITA JACKSON GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	VICE CHAIRMAN 1.00	0.	0.	0.
SUZANNE BOYCE GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	SECRETARY 1.00	0.	0.	0.
JO ELLEN CRAGHEAD GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	TREASURER 1.00	0.	0.	0.

CHARLES ROACH GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
MELYNDA MATTHIESEN GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
JUDY WEITKEMPER GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
BILL KOHL GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
TERRY MACKEY GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
JANICE LONGO GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
BRUCE STUART GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	BOARD MEMBER 1.00	0.	0.	0.
MELANIE OETTING GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	SUPERVISORY COMMITTEE - CHAIRMAN 1.00	0.	0.	0.
KRISTINE SMILEY GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	SUPERVISORY COMMITTEE 1.00	0.	0.	0.
CHERYL TOLBERT GREEN BLVD. AT BRECKENRIDGE ST. MEXICO, MO 65265	SUPERVISORY COMMITTEE 1.00	0.	0.	0.
Totals Included on Form 990, Part V-A		192,653.	27,866.	0.

Form 990 Program Service Revenue Statement 9

Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Function Income
INTEREST ON LOANS					4,934,127.
FEE INCOME					1,205,658.
OTHER INCOME					234,155.
INSURANCE SERVICES	522100	474.			
WARRANTY SALES	522100	6,895.			
NON-MEMBER ATM FEES	522100	10,530.			
To Form 990, Part VII, line 93		17,899.			6,373,940.

Form 990 Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes Statement 10

Line	Explanation of Relationship of Activities
93A	EXTENDING CREDIT TO MEMBERS IS A PRIMARY FUNCTION.
93B	DISTRIBUTES SERVICE SPECIFIC COSTS TO PARTICIPATING MEMBERS, ENABLING SUCH SERVICES TO BE OFFERED WITHOUT UNDUE EXPENSE TO THE WHOLE MEMBERSHIP.
95	MEMBER DEPOSITS EXCEEDING MEMBER LOANS ARE INVESTED TO PAY DIVIDENDS ON DEPOSITS.