



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



NOV 21 2011

STATUTE ISSUE

SCANNED NOV 25 2011

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**A For the 2007 calendar year, or tax year beginning**

and ending

**B Check if applicable**

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization**

CREDIT UNION OF AMERICA

Number and street (or P O box if mail is not delivered to street address)

711 W DOUGLAS AVE

City or town, state or country, and ZIP + 4

WICHITA, KS 67213-4703

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

**D Employer identification number**

48-0477295

**E Telephone number**

(316) 265-3272

**F Accounting method**☐ Cash ☒ Accrual

Other (specify) ▶

**G Website** WWW.CUOFAMERICA.COM**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**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 ▶ 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 ☒ No**I Group Exemption Number** ▶ N/A**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 20,210,000.**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**

<b>1</b> Contributions, gifts, grants, and similar amounts received			
<b>a</b> Contributions to donor advised funds	<b>1a</b>		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		
<b>e</b> Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	<b>1e</b>	0.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	17,913,961.	
<b>3</b> Membership dues and assessments	<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	2,296,039.	
<b>5</b> Dividends and interest from securities	<b>5</b>		
<b>6 a</b> Gross rents	<b>6a</b>		
<b>b</b> Less rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	<b>6c</b>		
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>		
<b>8 a</b> Gross amount from sales of assets other than inventory	<b>8a</b>		
<b>b</b> Less cost or other basis and sales expenses	<b>8b</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>		
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>		
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
<b>b</b> Less cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>	20,210,000.	
<b>13</b> Program services (from line 44, column (B))		<b>13</b>	
<b>14</b> Management and general (from line 44, column (C))		<b>14</b>	
<b>15</b> Fundraising (from line 44, column (D))		<b>15</b>	
<b>16</b> Payments to affiliates (attach schedule)		<b>16</b>	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)		<b>17</b> 17,548,545.	
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12		<b>18</b> 2,661,455.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))		<b>19</b> 27,621,206.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 2		<b>20</b> 211,560.	
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20		<b>21</b> 30,494,221.	

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 816,438.			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.			
<b>c</b> 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)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 3,333,624.			
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 154,879.			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 295,138.			
<b>29</b> Payroll taxes	<b>29</b> 301,688.			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 124,789.			
<b>32</b> Legal fees	<b>32</b> 3,802.			
<b>33</b> Supplies	<b>33</b> 162,204.			
<b>34</b> Telephone	<b>34</b> 46,325.			
<b>35</b> Postage and shipping	<b>35</b> 194,547.			
<b>36</b> Occupancy	<b>36</b> 447,234.			
<b>37</b> Equipment rental and maintenance	<b>37</b> 164,438.			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b> 26,800.			
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 116,217.			
<b>41</b> Interest	<b>41</b> 279,640.			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 503,094.			
<b>43</b> Other expenses not covered above (itemize):				
a	<b>43a</b>			
b	<b>43b</b>			
c	<b>43c</b>			
d	<b>43d</b>			
e	<b>43e</b>			
f	<b>43f</b>			
g See Statement 3	<b>43g</b> 10,577,688.			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 17,548,545.			

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 29,827 MEMBERS.**

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

**b PROVIDES A SOURCE OF CREDIT TO MEMBERS AT A FAIR AND REASONABLE RATE OF INTEREST (21,310 LOANS OUTSTANDING AS OF DECEMBER 31, 2007).**

(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) ►

Form 990 (2007)

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45 3,160,360.
	46 Savings and temporary cash investments		46 36,414,341.
	47 a Accounts receivable	47a 190,583.	
	b Less: allowance for doubtful accounts	47b	47c 190,583.
	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 249,490.
	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 182,710,171.	
	b Less: allowance for doubtful accounts	51b 1,942,690.	51c 180,767,481.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 511,780.
	54 a Investments - publicly-traded securities Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	54a 14,676,045.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less: accumulated depreciation	55b	55c	
56 Investments - other	See Statement 6	0. 56 580,753.	
57 a Land, buildings, and equipment basis	57a 8,237,062.		
b Less: accumulated depreciation Stmt 7	57b 3,455,111.	57c 4,781,951.	
58 Other assets, including program-related investments (describe ▶ See Statement 8)	0. 58	4,730,332.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	0. 59	246,063,116.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60 3,347,022.
	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	Stmt 9	64b 8,535,714.
	65 Other liabilities (describe ▶ See Statement 10)	0. 65	203,686,159.
	66 <b>Total liabilities.</b> Add lines 60 through 65	0. 66	215,568,895.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> 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	30,494,221.
	73 <b>Total net assets or fund balances.</b> 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	30,494,221.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	0. 74	246,063,116.

Form 990 (2007)

**Part IV-A**

**e Total revenue** (Part I, line 12). Add lines c and d

**Part IV-B**

**e Total expenses** (Part I, line 17). Add lines **c** and **d**

## Part V-A

See Statement 11



**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	
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 <i>quid pro quo</i> 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?	84b	
85 a	501(c)(4), (5), or (6) 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 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?	85g	N/A
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	N/A
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	89b	N/A
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	114
91 a	The books are in care of ▶ PAUL MEISSNER Telephone no ▶ (316) 265-3272 Located at ▶ 711 W. DOUGLAS, WICHITA, KS ZIP + 4 ▶ 67213		
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?

91c

X

If "Yes," enter the name of the foreign country **N/A**

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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a See Statement 12		43,349.			17,870,612.
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					2,296,039.
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		43,349.		0.	20,166,651.
105 Total (add line 104, columns (B), (D), and (E))					20,210,000.

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 13

**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)

**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

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.

Yes	No
-----	----

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

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

Yes	No
-----	----

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

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?

Yes	No
-----	----

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.

Please Sign Here: *Paul Meissner* Date: *11/10/2011*  
 Signature of officer  
 PAUL MEISSNER, SVP / CFO  
 Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Paul Meissner* Date: *11-4-11* Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): *100638199*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: J. TENBRINK & ASSOCIATES  
 11272 SOUTH RIDGEVIEW  
 OLATHE, KS 66061  
 EIN: Phone no: (913) 894-6214

Form 990 (2007)

## 2007 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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	VariesL				1144524.			1144524.			0.
2	BUILDINGS	VariesSL		.000	16	3658934.			3658934.	867,437.		131,801.
3	FURNITURE, FIXTURES & EQUIPMENT	VariesSL		.000	16	3286702.			3286702.	1952169.		365,048.
4	LEASEHOLD IMPROVEMENTS	VariesSL		.000	16	146,902.			146,902.	132,411.		6,245.
* Total 990 Page 2						8237062.		0.	8237062.	2952017.	0.	503,094.
Depr												

728102  
04-27-07

(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
CHANGE IN UNREALIZED GAINS OR LOSSES ON INVESTMENTS	211,560.
Total to Form 990, Part I, line 20	211,560.

Form 990	Other Expenses	Statement	3
----------	----------------	-----------	---

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ASSOCIATION DUES	45,132.			
INSURANCE	93,025.			
BANK SERVICE CHARGES	64,001.			
EDUCATION & PROMOTION	404,631.			
LOAN SERVICING	781,049.			
DATA PROCESSING	379,311.			
PROFESSIONAL & OUTSIDE SERVICES	217,127.			
PROVISION FOR LOAN LOSSES	723,330.			
MEMBER INSURANCE	53,377.			
VISA DEBIT CARD EXPENSE	484,521.			
ATM EXPENSE	303,043.			
CHECKING EXPENSE	54,048.			
MEMBER DEPOSIT DIVIDENDS	6,869,081.			
OTHER NON-OPERATING EXPENSE	81,477.			
MISCELLANEOUS	24,535.			
Total to Fm 990, ln 43	10,577,688.			

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.	249,490.
Total included on Form 990, Part IV, line 50a, Column B	249,490.

Form 990	Government Securities	Statement	5
----------	-----------------------	-----------	---

Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
FEDERAL AGENCY SECURITIES	FMV	14,676,045.		14,676,045.
Total to Form 990, line 54a, Col B		14,676,045.		14,676,045.

Form 990	Other Investments	Statement	6
----------	-------------------	-----------	---

Description	Valuation Method	Amount
INVESTMENTS IN CREDIT UNION SERVICE ORGANIZATIONS	Cost	580,753.
Total to Form 990, Part IV, line 56, Column B		580,753.

Form 990	Depreciation of Assets Not Held for Investment	Statement	7
----------	------------------------------------------------	-----------	---

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
LAND	1,144,524.	0.	1,144,524.
BUILDINGS	3,658,934.	999,238.	2,659,696.
FURNITURE, FIXTURES & EQUIPMENT	3,286,702.	2,317,217.	969,485.
LEASEHOLD IMPROVEMENTS	146,902.	138,656.	8,246.
Total to Form 990, Part IV, ln 57	8,237,062.	3,455,111.	4,781,951.

Form 990

Other Assets

Statement 8

Description	Beginning of Year	End of Year
NCUSIF DEPOSIT		1,699,978.
ACCRUED INCOME		917,328.
LOANS HELD FOR SALE		398,550.
SERP AND 457B FUNDS		827,523.
REPOSSESSED ASSETS		199,953.
OTHER ASSETS		687,000.
Total to Form 990, Part IV, line 58		4,730,332.

Form 990

Other Notes and Loans Payable

Statement 9

<u>Lender's Name</u>	<u>Terms of Repayment</u>
----------------------	---------------------------

FHLB	REGULAR FIXED
------	---------------

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
03/05/04	03/05/09	1,000,000.	3.44%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
----------------------	---------------------------

FHLB	REGULAR FIXED
------	---------------

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
03/09/04	03/09/11	1,000,000.	3.91%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.



<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	REGULAR FIXED

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
10/25/04	10/23/09	1,000,000.	3.79%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	BERMUDAN

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
08/15/06	08/17/09	1,000,000.	4.99%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	BERMUDAN

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
01/17/07	01/17/12	1,000,000.	4.62%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	BERMUDAN

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
03/20/07	03/20/17	1,000,000.	4.11%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	BERMUDAN

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
09/12/07	09/12/10	1,000,000.	4.16%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
FHLB	BERMUDAN

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
11/30/07	11/30/08	1,000,000.	3.17%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	1,000,000.

<u>Lender's Name</u>	<u>Terms of Repayment</u>
----------------------	---------------------------

KANSAS CORPORATE CREDIT UNION	AMORTIZING FIXED
-------------------------------	------------------

<u>Date of Note</u>	<u>Maturity Date</u>	<u>Original Loan Amount</u>	<u>Interest Rate</u>
09/13/04	09/01/11	1,000,000.	4.01%

<u>Security Provided by Borrower</u>	<u>Purpose of Loan</u>
CREDIT UNION ASSETS	REAL ESTATE LENDING

Relationship of Lender

<u>Description of Consideration</u>	<u>FMV of Consideration</u>	<u>Balance Due</u>
CASH	1,000,000.	535,714.
Total included on Form 990, Part IV, line 64, Column B		8,535,714.

<u>Form 990</u>	<u>Other Liabilities</u>	<u>Statement 10</u>
-----------------	--------------------------	---------------------

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
MEMBER SHARE DEPOSITS		203,171,792.
ACCRUED DIVIDENDS PAYABLE		16,426.
ACCRUED LIABILITY - DEFERRED COMPENSATION PLAN		497,941.
Total to Form 990, Part IV, line 65		203,686,159.

Form 990      Part V-A - List of Current Officers, Directors,      Statement 11  
 Trustees and Key Employees

Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Expense Contrib Account
ROBERT THURMAN P.O. BOX 47528 WICHITA, KS 67201-7528	CEO 50.00	184,260.	40,993. 1,462.
PAUL MEISSNER P.O. BOX 47528 WICHITA, KS 67201-7528	VICE PRESIDENT-FINANCE & ACCOUNTING 50.00	96,743.	35,231. 0.
FRANK SHOFFNER P.O. BOX 47528 WICHITA, KS 67201-7528	VICE PRESIDENT-LENDING 50.00	90,166.	43,725. 0.
GLENDA BURKETT P.O. BOX 47528 WICHITA, KS 67201-7528	VICE PRESIDENT-MARKETING 50.00	77,814.	33,196. 0.
GARY AUSTIN P.O. BOX 47528 WICHITA, KS 67201-7528	VICE PRESIDENT-ELECTRONIC SERVICES 50.00	76,844.	6,003. 0.
SANDRA KNOX P.O. BOX 47528 WICHITA, KS 67201-7528	VICE PRESIDENT-RETAIL SERVICES 50.00	88,919.	41,082. 0.
CUSHMAN MILLER P.O. BOX 47528 WICHITA, KS 67201-7528	CHAIRMAN 2.00	0.	0. 0.
KEN JOHNSON P.O. BOX 47528 WICHITA, KS 67201-7528	VICE CHAIRMAN 2.00	0.	0. 0.
STAN WINE P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR/TREASURER 2.00	0.	0. 0.
DAVID STUART P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR/BOARD SECRETARY 2.00	0.	0. 0.
STAN NISPEL P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR 1.00	0.	0. 0.

## CREDIT UNION OF AMERICA

48-0477295

JIM HAUGHT P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR 1.00 0. 0. 0.
PAUL SPACIL P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR 1.00 0. 0. 0.
KAREN LOWERY P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR 1.00 0. 0. 0.
GLORIA MCAFEE P.O. BOX 47528 WICHITA, KS 67201-7528	DIRECTOR 1.00 0. 0. 0.

Totals Included on Form 990, Part V-A

614,746.	200,230.	1,462.
----------	----------	--------

Form 990	Program Service Revenue	Statement 12
----------	-------------------------	--------------

Description	Bus Code	Unrelated Business Inc	Excl Code	Excluded Amount	Related or Exempt Func- tion Income
INTEREST ON LOANS					12,821,124.
FEES & OTHER INCOME					5,049,488.
INCOME FROM NON-MEMBER ATM TRANSACTIONS	522100	34,116.			
INCOME FROM WARRANTY SALES	522100	9,233.			
To Form 990, Part VII, line 93		43,349.			17,870,612.

Form 990	Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes	Statement 13
----------	--------------------------------------------------------------------------------	--------------

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.