

## 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



eturn 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)

OMB No 1545-0047

Department of the Treasury

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

For the 2007 calendar year, or tax year beginning  Check If applicable use IRS label or print or QUEST CREDIT UNION  Address label or print or QUEST CREDIT UNION	ier
change print or QUEST CREDIT UNION 48-0625190	161
Ch Change print or QUEST CREDIT UNION 48-0625190	
O Diministration of the control of t	
Name change type Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number	
Initial specific P.O. BOX 1128 (785)233-555	5
	Accrual
X Amended TOPEKA, KS 66601−1128	
Application pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	
H(a) is this a group return for amiliates?	X No
Website: ►WWW.QUEST-CU.ORG  H(b) If "Yes," enter number of affiliates ► N/A	
Organization type (check only one) X 501(c) ( 14 ) (insert no) 4947(a)(1) or 527 H(c) Are all affiliates included? N/A Yes	No No
K Check here   I the organization is not a 509(a)(3) supporting organization and its gross   H(d) is this a separate return filed by an or-	X No
receipts are normally <b>not</b> more than \$25,000. A return is not required, but if the organization ganization covered by a group ruling? Yes chooses to file a return, be sure to file a complete return.	A_NO
M Check ► X if the organization is not require	d to attach
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 \(\begin{array}{c} 4,792,023. \end{array}\) Sch B (Form 990, 990-EZ, or 990-PF)	J IU allacii
Part 1 Revenue, Expenses, and Changes in Net Assets or Fund Balances	
1 Contributions, gifts, grants, and similar amounts received	
a Contributions to donor advised funds	
PALL TEST LAD SOME	
b Direct public support (not included on line 1a)  c Indirect public support (not included on line 1a)  1b PECEIVED	
d Government contributions (grants) (not included on line 1a)	
e Total (add lines 1a through 1d) (cash \$CENED on noncash \$ JUN 1 4 2011) 1e	0.
2 Program service revenue including-government fees and contracts (from Part VII, line 93) 2 3,705	<u>,680.</u>
e Total (add lines 1a through 1d) (cash CENED noncash \$ UN 1 2011) 1e  Program service revenue including-government fees and contracts (from Part VII, line ASCOUNTS MANAGEMENT 3  Membership dues and assessments 0GDEN 1 0 71	
1 4 Interest on savings and temporary/costningestments 1241	<u>,244.</u>
5 Dividends and interest from securities 5	
5 Dividends and interest from securities 5 6 a Gross rents b Less rental expenses c Net rental income or (loss) Subtract line 6b from line 6a 7 Other investment income (describe > ) 7 8 a Gross amount from sales of assets other (A) Securities (B) Other	
b Less rental expenses 6b	
c Net rental income or (loss) Subtract line 6b from line 6a	
CEE     7     Other investment income (describe     )     7       8     a Gross amount from sales of assets other     (A) Securities     (B) Other	
8 a Gross amount from sales of assets other (A) Securities (B) Other than inventory	
b Less cost or other basis and sales expenses	
c Gain or (loss) (attach schedule)	
d Net gain or (loss) Combine line 8c, columns (A) and (B)	
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	
c Net income or (loss) from special events. Subtract line 9b from line 9a.	
10 a Gross sales of inventory, less returns and allowances	
b Less cost of goods sold	
c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	-000
	<u>,099.</u>
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 4, 792	,023.
13 Program services (from line 44, column (B))  13 Management and general (from line 44, column (C))	
Management and general (from line 44, column (C))	
14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Payments to affiliates (attach schedule)	
16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 17 5, 644	502
	,479.
19 Net assets or fund balances at beginning of year (from line 73, column (A))  19 9, 182	
20 Other changes in net assets or fund balances (attach explanation) See Statement 2 20 117	,945.
	,945. ,022.

3

Part II		•	•	1 , , , , , , , , , , , , , , , , , , ,	and (D) are required for secti able trusts but optional for ot	
Do r	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 Gran	ts paid from donor advised funds	_				
	ch schedule)					
(cash	\$ 0 • noncash \$	0.,				
If this	amount includes foreign grants, check here	22	a			
<b>22b</b> Othe	r grants and allocations (attach sched	dule)				
(cash	\$	0.				
If this	amount includes foreign grants, check here 🕨	22	b			
23 Spec	rific assistance to individuals (attach					
sche	dule)	23	<u> </u>			
24 Bene	efits paid to or for members (attach					
sche	dule)	24	<u> </u>			
<b>25a</b> Comp	pensation of current officers, directors, key					
emplo	oyees, etc. listed in Part V-A	25	170,269.			
<b>b</b> Comp	pensation of former officers, directors, key					
emplo	oyees, etc. listed in Part V-B	251	b 0.			
c Comp	pensation and other distributions, not inclu	ded				
above	e, to disqualified persons (as defined under	.				
section	on 4958(f)(1)) and persons described in					
section	on 4958(c)(3)(B)	25				
26 Salar	ries and wages of employees not					
ınclu	ded on lines 25a, b, and c	26	773,551.			
27 Pens	sion plan contributions not included or	ר ו				
lines	25a, b, and c	27	44,379.			
<b>28</b> Empl	loyee benefits not included on lines					
25a -		28	88,381.			
29 Payre		29	†			<u> </u>
30 Profe	essional fundraising fees	30		<b> -</b>		
	ounting fees	31				
32 Lega		32				
<b>33</b> Supp	blies	33				
34 Telep		34				
	age and shipping	35				
36 Occu	•	36				<del> </del>
•	oment rental and maintenance	37		<u> </u>		
	ing and publications	38	<del></del>	-		
39 Trave		39				<del>                                     </del>
	erences, conventions, and meetings	40	105			
41 Inter		41	0 = 64.4			
	eciation, depletion, etc. (attach schedul		95,014.			
	r expenses not covered above (itemiz	· 1				
a	· · · · · · · · · · · · · · · · · · ·	_ 43				<del></del>
	<del> </del>	431	1			
<u> </u>	<del></del>	_ 430		-		
u		431				
· —		_ 430				
- S4	ee Statement 3	43	1	<del> </del>		
	functional expenses. Add lines 22a throu		3,750,100.	<del> </del>	<del></del>	-
	Tunctional expenses. Add lines 22a throu (Organizations completing columns (B)-(D					
	these totals to lines 13-15)	,.   44	5,644,502.			
	sts. Check I if you are follow		· · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	1
	int costs from a combined educational can	-		enorted in (R) Program or	aniires?	Yes X No
			/-	eported in <b>(b)</b> Program se , <b>(ii)</b> the amount allocated		N/A .
	iter (i) the aggregate amount of these joint nount allocated to Management and gener			(iv) the amount allocated	· · · · · · · · · · · · · · · · · · ·	N/A
723011 12-27-07	mount anocated to mainagement and delier	u1 ¥	/ ++ , allu	Trea min amount amonated	z το r unuraising φ	Form <b>990</b> (2007)
12-27-07				2		10mm 330 (2007)

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## Part II 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.

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) orga, and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a PROVIDES FINANCIAL AND FINANCIALLY RELATED SERVICES TO  16,094 MEMBERS.  (Grants and allocations \$ ) If this amount includes foreign grants, check here PROVIDES A SOURCE OF CREDIT TO MEMBERS AT A FAIR AND REASONABLE RATE OF INTEREST (4,313 LOANS OUTSTANDING AS OF DECEMBER 31, 2007).  (Grants and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and allocations \$ ) If this amount includes foreign grants, check here Canada and Grants and allocations \$ ) If this amount includes foreign grants, check here Canada and Grants and allocations \$ ) If this amount includes foreign grants, check here Canada and Grants and allocations \$ ) If this amount includes foreign grants, check here Canada and Grants and allocations \$ ) If this amount includes foreign grants, check here Canada and Grants an		at is the organization's primary exempt purpose? ►  ROVIDER OF FINANCIAL SERVICES FOR MUTUAL PURPOSE.	Program Service Expenses
Carants and allocations \$	All (	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of ints served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but
b PROVIDES A SOURCE OF CREDIT TO MEMBERS AT A FAIR AND REASONABLE RATE OF INTEREST (4,313 LOANS OUTSTANDING AS OF DECEMBER 31, 2007).  Grants and allocations \$ ) If this amount includes foreign grants, check here Canal december of the same of the	а		
REASONABLE RATE OF INTEREST (4,313 LOANS OUTSTANDING AS OF DECEMBER 31, 2007).  Grants and allocations \$ ) If this amount includes foreign grants, check here   Grants and allocations \$ ) If this amount includes foreign grants, check here   Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here   If this amount includes foreign grants, check here   Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here	b		
Grants and allocations \$ ) If this amount includes foreign grants, check here  (Grants and allocations \$ ) If this amount includes foreign grants, check here  (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	_	REASONABLE RATE OF INTEREST (4,313 LOANS OUTSTANDING AS OF	
Grants and allocations \$ ) If this amount includes foreign grants, check here   Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here   □	С	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □	
(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 ▶ □		(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 ▶ □	d		
	е	Other program services (attach schedule)	
	f		

Form 990 (2007)

	: Whe	re required, attached schedules and amounts w	uthin the description column	(A)		(B)
	shou	uld be for end-of-year amounts only.		Beginning of year		End of year
	45	Cash - non-interest-bearing			45	249,679.
	46	Savings and temporary cash investments			46	18,552,212.
			11 40 275			
		Accounts receivable	47a 49,275.		1 1	40 075
	b	Less. allowance for doubtful accounts	47b	<del></del>	47c	49,275.
	40.0	Diodose receivable	490			
	1	Pledges receivable  Less. allowance for doubtful accounts	48a 48b		400	
	49	Grants receivable	460		48c	
	1 -	Receivables from current and former officers, of	directors tructors and		49	
	JU 4	key employees	Statement 4		50a	84,827.
	h	Receivables from other disqualified persons (as	F		JUa	04/02/
s)		4958(f)(1)) and persons described in section 49			50b	
Assets	51 a	Other notes and loans receivable	51a 45,402,194.		300	
As	b .	Less allowance for doubtful accounts	51b 520,420.		51c	44,881,774.
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	85,709.
	1	Investments - publicly-traded securities Stm	t 5 ▶ □ Cost X FMV	0.	54a	85,709. 7,485,016.
	Ь	Investments - other securities	Cost FMV		54b	
		Investments - land, buildings, and			0.0	<del></del>
		equipment: basis	55a			
		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	b	Less: accumulated depreciation	55b		55c	
	56	Investments - other			56	
	57 a	Land, buildings, and equipment basis	57a  3,078,027.	,		
	b	Less accumulated depreciation Stmt 6	57b 1,523,560.		57c	1,554,467.
	58	Other assets, including program-related investments				
		(describe ►Se	ee Statement 7	0.		1,331,406.
	59	Total assets (must equal line 74). Add lines 45	through 58	0.	59	74,274,365.
	60	Accounts payable and accrued expenses			60	164,830.
	61	Grants payable			61	
	62	Deferred revenue			62	
bilities	63	Loans from officers, directors, trustees, and ke	y employees		63	
ğ	64 a	Tax-exempt bond liabilities	Ļ		64a	
Liat	b	Mortgages and other notes payable	<u> </u>		64b	
	65	Other liabilities (describe  Se	ee Statement 8 )	0.	65	65,661,513.
	66	Total liabilities. Add lines 60 through 65		0.	66	65,826,343.
	Orga	inizations that follow SFAS 117, check here	and complete lines			
ģ		67 through 69 and lines 73 and 74.				
ĕ	67	Unrestricted	-	<del></del>	67	
ala	68	Temporarily restricted	-		68	
D D	69	Permanently restricted			69	<del></del>
핅	Orga	inizations that do not follow SFAS 117, check	nere 🖊 🔝 and			
٥	70	complete lines 70 through 74.		0		0
ets	70	Capital stock, trust principal, or current funds		0.	70	0.
4ss	71	Paid-in or capital surplus, or land, building, and	· ·	0.	71	8,448,022.
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated in			72	0,440,022.
Z	/"	Total net assets or fund balances. Add lines 67 thro (Column (A) must equal line 19 and column (B) must	-	0.	72	8 448 022
	74	Total liabilities and net assets/fund balances		0.	73 74	8,448,022. 74,274,365.

	n 990 (2007) QUEST CREDIT UNION  art IV-A Reconciliation of Revenue per Audited Fina	ncial Statements W	ith Revenue p		-06251 eturn <i>(</i> Se	
	instructions.)					<u></u>
а	Total revenue, gains, and other support per audited financial stateme	nts			а	N/A
þ	Amounts included on line a but not on Part I, line 12	1				
1	Net unrealized gains on investments	<u>  t</u>	o1			
2	Donated services and use of facilities	<u>  t</u>	)2		]	
3	Recoveries of prior year grants	<u>  t</u>	13		]	
4	Other (specify)		14		]	
	Add lines b1 through b4				b	
C	Subtract line <b>b</b> from line <b>a</b>				c	
d	Amounts included on Part I, line 12, but not on line a:		•			
1	Investment expenses not included on Part I, line 6b	<u></u>	11		]	
2	Other (specify):		12		]	
	Add lines d1 and d2				d	
е	Total revenue (Part I, line 12). Add lines c and d			<u> </u>	<u>e</u>	
Pa	art IV-B Reconciliation of Expenses per Audited Fina	ancial Statements V	ith 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	1			
1		<u> </u>	11		<b>∤</b>	
2	Prior year adjustments reported on Part I, line 20		12	_		
3	Losses reported on Part I, line 20	<u>  t</u>	13			
4	Other (specify).	<u></u>	14			
	Add lines b1 through b4				ь	
C	Subtract line <b>b</b> from line <b>a</b>				С	
đ	Amounts included on Part I, line 17, but not on line a:		1			
1	Investment expenses not included on Part I, line 6b	<u> </u>	11			
2	Other (specify):		12		]	
	Add lines d1 and d2				d	
	Total expenses (Part I, line 17). Add lines c and d			<u> </u>	е	
Pε	ert V-A Current Officers, Directors, Trustees, and Ke			s an o	fficer, direc	ctor, trustee,
	or key employee at any time during the year even if they we	<del></del>	<u> </u>	(B) -		45.5
	(A) Name and address	(B) Title and average hours per week devoted to	(C) Compensation (If not paid, enter	) empl	ntributions to oyee benefit	(E) Expense account and
	· ·	position	-0)	compe	s & deferred ensation plans	other allowances
				_		
<u>Se</u>	e Statement 9		142,663.	27	<u>,606.</u>	0.
_						
						į
			1	I		İ

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	990 (20				48-0625	<u> 190</u>		age 6
Pai	rt V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	ied)		······	Yes	No
75 a	Enter the	ne total number of officers, directors, and trustees permitted to gs	to vote on organization bu	siness at board	7			
b	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional and or II-B, related to each other through family or business related to the relationship(s)	d other independent contr	actors listed in Sc	hedule A,	75b		x
		. , , , ,	000 BadVA askakada			730		<u> </u>
C	listed in Part II-A	officers, directors, trustees, or key employees listed in Form Schedule A, Part I, or highest compensated professional and or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sc	hedule A,			v
	•	ation? See the instructions for the definition of "related organ				75c		X
d	•	attach a statement that includes the information described e organization have a written conflict of interest policy?	in the instructions.			75d		х
	rt V-B	Former Officers, Directors, Trustees, and Ke				or Ot		
		Benefits (If any former officer, director, trustee, or key en						
		the year, list that person below and enter the amount of co	mpensation or other benet	(C) Compensation				
		(A) Name and address None	(B) Loans and Advances	(if not paid, enter -0-)	employee benefit plans & deferred compensation plan	à	E) Expe ccount er allow	and
	<b>-</b>							
							-	
	<del>-</del>							
Par	rt VI	Other Information (See the Instructions )	- · · · · · · · · · · · · · · · · · · ·				Yes	No
76		organization make a change in its activities or methods of co	nducting activities? If "Yes	s," attach a detaile	ed .			v
77		ent of each change ny changes made in the organizing or governing documents b	out not reported to the IRS	37		76 77		X
		attach a conformed copy of the changes.						
		organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this ret	turn?	78a	X	-
79		" has it filed a tax return on <b>Form 990-T</b> for this year? ere a liquidation, dissolution, termination, or substantial contr	notion during the year? If I	'Voo ' attach a sta	*	78b 79	^	Х
		gre a liquidation, dissolution, termination, or substantial contr rganization related (other than by association with a statewid				/3		- 41
h		rship, governing bodies, trustees, officers, etc., to any other $\epsilon$ enter the name of the organization $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	exempt or nonexempt orga	anization?		80a		Х
U	11 1 <del>1 2 3</del> ,	THE HAITE OF THE OF GARLINGTON AND THE HAITE OF THE HAITE	and check whether it is	exempt or	nonexempt			
81 a	Enter di	rect and indirect political expenditures. (See line 81 instruction		81a	0.			
<u>b</u>	Did the	organization file Form 1120-POL for this year?				81b	لا	X
						Form	990 (	(2007)

Forn	1990 (2007) QUEST CREDIT UNION 48-062	<u> </u>	P	age 7
Pa	rt 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			1
	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.)	_		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
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		1	
	tax deductible? N/A	84b	<u> </u>	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		ļ
	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		_		
9	· · · · · · · · · · · · · · · · · · ·	_		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85i N/A	_	<b> </b>	
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			
h		-		
b 07		-		
87 h		-{		
U	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 2	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,	-		į
00 4	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			į
	If "Yes," complete Part IX	88a		Х
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	-004		<u> </u>
_	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:	1002		<u> </u>
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			į
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ė
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			ĺ
	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			ĺ
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			ĺ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		Х
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	891		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			É
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		_X
90 a				
b	Number of employees employed in the pay period that includes March 12, 2007			31
91 a				6
	Located at ► 610 SW 10TH ST., TOPEKA, KS			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	916		Х
	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			i
	and Financial Accounts	<u> </u>	990 (	(0007)
		rorm	<b>ラサリ</b> (	.ZUU/1

Form 990 (2007) QUEST CREDI	T UNION			48-	-0623190 Page 8
Part VI Other Information (continued)					Yes No
c At any time during the calendar year, did the org			the U	nited States?	91c X
If "Yes," enter the name of the foreign country	<b>-</b>	N/A			
92 Section 4947(a)(1) nonexempt charitable trusts for	-		neck h		(-
and enter the amount of tax-exempt interest rec				▶ 92	N/A
Part VII Analysis of Income-Producing					
Note: Enter gross amounts unless otherwise		ted business income	(C)	ded by section 512, 513, or 514	{ (E)
Indicated	(A) Business	(B) Amount	Exclu-	(D) Amount	Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount	function income
a INTEREST ON LOANS					3,322,898.
b FEES AND OTHER INCOME					381,247.
c WARRANTY SALES	522100				
d INSURANCE SERVICES	522100	410.			
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					1,071,244.
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	<i>,</i>				
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					15,099.
b					
C					
d					
e			ļ		
104 Subtotal (add columns (B), (D), and (E))	L	1,535.		0.	
105 Total (add line 104, columns (B), (D), and (E))				<b>•</b>	4,792,023.
Note: Line 105 plus line 1e, Part I, should equal the an				<del></del>	
Part VIII Relationship of Activities to th		•		· · · · · · · · · · · · · · · · · · ·	<del></del>
Line No Explain how each activity for which income is re			ımporl	antly to the accomplishment	of the organization's
exempt purposes (other than by providing fund	s for such purpo	oses)			
See Statement 10					
				····· •··	
Part IX Information Regarding Taxable (A) (B)	e Subsidiar	ries and Disregard (C)	ea Er	TITIES (See the instruction (D)	
Name, address, and EIN of corporation, Percentage	of	Nature of activities		Total income	(E) End-of-year
partnership, or disregarded entity ownership inte					assets
	%			<del></del>	
N/A	%				
	%				
	%			<u> </u>	
Part X Information Regarding Transfe		· · · · · · · · · · · · · · · · · · ·			
(a) Did the organization, during the year, receive any funds	•	* * * * *	-		Yes X No
(b) Did the organization, during the year, pay premiums, d	•	• •	ntract?	1	Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (	see instruction	ns).			
					Form <b>990</b> (2007)
723163					
723163 12-27-07					

				Yes N
	reporting organization make any transfers to a controlled entity a te the schedule below for each controlled entity.	s defined in section 5	12(b)(13) of the Code? If "Ye	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			
7 Did the	reporting organization receive any transfers from a controlled ent	ity as defined in secti	ion 512/b)(13) of the Code? If	Yes N
	te the schedule below for each controlled entity.			1 165,
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
				-
	Totals			
8 Did the	organization have a binding written contract in effect on August 1	7 2006 coverse the	interest reads revelties and	Yes N
	s described in question 107 above?	7, 2000, covering the	interest, rents, royalties, and	<u> </u>
Und	ler penalties of perjury, I declare that I have examined this return, including accompanyly complete Declaration of preparer (other than officer) is based on all information of which	ng schedules and statements h preparer has any knowledg	s, and to the best of my knowledge and pe	d belief, it is true, correct,
ease	Duckie Sust		6-6-11	
gn 📂	Signature of officer		Date	
re .	VICKIE HURT, PRESIDENT/CEO			
ere	Type or print name and title		heck if Preparer's SS	SN or PTIN (See Gen Inst
on arer's	Type or print name and title parer's nature	<b> ,</b>   S	elf- mployed ► □ Aoo&	
e Only self	parer's nature  J. TENBRINK & ASSOCIATES ristically in the state of th	· · ·   S	elf-	38199

Current Year Deduction	0	3,063.	12,953.	46,095.	33,503.	95,614.	duction, GO Zone
Current Sec 179						0	talization Dec
Accumulated Depreciation		4,327.	639,500.	492,807.	291,312.	1427946.	I I.
Basis For Depreciation	281,315.	14,645,	1258027.	1032428.	491,612.	3078027.	9, Salvage, Bonus
Reduction In Basis						Ô	C, Section 179
Bus % Excl							
Unadjusted Cost Or Basis	281,315.	14,645.	1258027.	1032428.	491,612.	3078027.	(D) - Asset disposed
No cine		<b>1</b> 6	16	<b>1</b> 6	16		- Asset
Life		.000	000.	.000	000.		(Q)
Method	н.		······································				
Date Acquired	VariesL	VariesSL	VariesSL	VariesSL	Varies		
Description	ILAND	OVEMENTS	r TS	#UKNITUKE, FIXTUKES, & 4EQUIPMENT	LD IN	rotai 330 raye epr	
Asset No		CN .	(*)	<b>ጥ</b>	<u>س</u>		728102 04-27-07

Footnotes

Statement

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IT SHOULD BE NOTED THAT THE ORIGINAL FORM 990 WAS FILED UNDER THE NAME "CREDIT UNION 1 OF KANSAS." IN 2010, AFTER MERGING WITH CREDIT UNIONS UNITED, THE CREDIT UNION'S NAME WAS CHANGED TO "QUEST CREDIT UNION."

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

Form 990 Other Ch	anges in Net A	Assets or Fun	d Balances	Statement	2
Description				Amount	
CHANGE IN UNREALIZED GAI	ns/losses on A	AFS INVESTMEN	TS	117,94	45.
Total to Form 990, Part	I, line 20			117,94	45.
Form 990	Other	Expenses		Statement	3
	(A)	(B)	(C)	(D)	
Description	Total	Program Services	Management and General	Fundraisi	ng
ASSOCIATION DUES INSURANCE OFFICE OPERATIONS EDUCATION & PROMOTION LOAN SERVICING PROFESSIONAL & OUTSIDE SERVICES PROVISION FOR LOAN LOSSES CASH OVER & SHORT MEMBER INSURANCE MISCELLANEOUS MEMBER DEPOSIT DIVIDENDS  Total to Fm 990, ln 43	26,605. 38,612. 113,662. 197,287. 40,537. 139,369. 1,563,297. 603. 16,446. 31,923. 1,781,839. 3,950,180.				
	Due From Offic y Employees -			Statement	4
Description				Balance Due	∋
LOANS MADE ON SUBSTANTIA LOANS TO GENERAL MEMBERS		ERMS AS		84,82	27.

Form 990 Governme	ent Sec	urities		Statement 5
Description Cos	t/FMV	U.S. Governm	State and ent Local Gov	
FEDERAL AGENCY SECURITIES FI	MV	7,485,0	16.	7,485,016.
Total to Form 990, line 54a, Col 1	3	7,485,0	16.	7,485,016.
Form 990 Depreciation of Asse	ets Not	Held for	Investment	Statement 6
Description		t or Basis	Accumulated Depreciation	Book Value
LAND LAND IMPROVEMENTS BUILDINGS & IMPROVEMENTS FURNITURE, FIXTURES, &		281,315. 14,645. 258,027.	0 7,390 652,453	. 7,255.
EQUIPMENT LEASEHOLD IMPROVEMENTS	1,	032,428. 491,612.	538,902 324,815	
Total to Form 990, Part IV, ln 57	3,	078,027.	1,523,560	1,554,467.
Form 990 (	Other A	ssets		Statement 7
Description			Beginning of Year	End of Year
FORECLOSED AND REPOSSESSED ASSETS NCUSIF DEPOSIT ACCRUED INCOME - ASSETS ACQUIRED IN LIQUIDATION OTHER ASSETS & DEPOSITS		-		227,895. 628,822. 404,688. 10,001. 60,000.
Total to Form 990, Part IV, line !	58	•		1,331,406.

Form 990	Other Liabilities		Statement 8		
Description	Beginning of Year			End of Year	
MEMBER SHARE DEPOSITS ACCRUED DIVIDENDS PAYABLE Total to Form 990, Part IV, line 65			65	,527,302. 134,211.	
			65,661,		
Form 990 Part V-A -	List of Current Officers Trustees and Key Employe		State	ement 9	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
VICKIE HURT 610 SW 10TH ST. TOPEKA, KS 66612	PRESIDENT/CEO	86,223.	7,616.	0.	
MARK BEZDEK 610 SW 10TH ST. TOPEKA, KS 66612	SVP/CFO 40.00	56,440.	19,990.	0.	
W.M. LACKEY 610 SW 10TH ST. TOPEKA, KS 66612	CHAIRMAN 2.00	0.	0.	0.	
BRYAN VARGAS 610 SW 10TH ST. TOPEKA, KS 66612	VICE CHAIRMAN 2.00	(1)	0.	0.	
BRADFORD DEITER 610 SW 10TH ST. TOPEKA, KS 66612	VICE CHAIRMAN 2.00	(2)	0.	0.	
TERRY HEIDNER 610 SW 10TH ST. TOPEKA, KS 66612	TREASURER 2.00	0.	0.	0.	
STAN ELSEA 610 SW 10TH ST.	SECRETARY 2.00	0.	0.	0.	

TOPEKA, KS 66612

QUES	T CREDIT UNION			48-06	525190
	CHOCKLEY 1 10TH ST. 1, KS 66612	ASSISTANT TREASURE 2.00	R 0.	0.	0.
610 SW	COOPER 1 10TH ST. 1, KS 66612	ASSISTANT SECRETAR 2.00	Y 0.	0.	0.
Totals	Included on Form 990,	Part V-A 1	42,663.	27,606.	0.
Form 9		Relationship of Activitie shment of Exempt Purposes	s to	Statemer	nt 10
Line	Explanation of Relati	onship of Activities			<del></del>
93A 93B	DISTRIBUTES SERVICE S ENABLING SUCH SERVICE TO THE WHOLE MEMBERSH	DING MEMBER LOANS ARE INV	ATING ME	PENSE	