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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	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	630,704		
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	5,667,689		
27 Pension plan contributions not included on lines 25a, b, and c	27	431,311		
28 Employee benefits not included on lines 25a - 27	28	634,097		
29 Payroll taxes	29	458,227		
30 Professional fundraising fees	30			
31 Accounting fees	31	58,268		
32 Legal fees	32	579		
33 Supplies	33	250,710		
34 Telephone	34	211,491		
35 Postage and shipping	35	334,210		
36 Occupancy	36	494,603		
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39	208,859		
40 Conferences, conventions, and meetings	40			
41 Interest	41	8,258,883		
42 Depreciation, depletion, etc (attach schedule)	42	725,531		
43 Other expenses not covered above (itemize)	43a	6,299,959		
a SEE STATEMENT 4	43b			
b	43c			
c	43d			
d	43e			
e	43f			
f	43g			
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	24,665,121	0	0

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

► Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

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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?

► PROVIDE FINANCIAL SERVICES AS DESCRIBED IN THE VA CU ACT

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 SEE STATEMENT 5

(Grants and allocations	\$)	If this amount includes foreign grants, check here ►	<input type="checkbox"/>	24,665,121	
b						
(Grants and allocations	\$)	If this amount includes foreign grants, check here ►	<input type="checkbox"/>		
c						
(Grants and allocations	\$)	If this amount includes foreign grants, check here ►	<input type="checkbox"/>		
d						
(Grants and allocations	\$)	If this amount includes foreign grants, check here ►	<input type="checkbox"/>		
e Other program services (attach schedule)						
(Grants and allocations	\$)	If this amount includes foreign grants, check here ►	<input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)						
						24,665,121

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
	Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			
45	Cash—non-interest-bearing	24,787,160	45	13,905,532
46	Savings and temporary cash investments		46	
47a	Accounts receivable	269,726		
b	Less, allowance for doubtful accounts			
48a	Pledges receivable			
b	Less allowance for doubtful accounts			
49	Grants receivable			49
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b
51a	Other notes and loans receivable (attach schedule)	SEE WORKSHEET 51a 236,621,376		
b	Less allowance for doubtful accounts	51b 1,097,565	209,817,599	51c 235,523,811
52	Inventories for sale or use			52
53	Prepaid expenses and deferred charges			294,767 53 381,540
54a	Investments—publicly-traded securities	SEE STATEMENT 6	► <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	92,234,778 54a 86,978,427
b	Investments—other securities (attach schedule)		► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
55a	Investments—land, buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b		55c
56	Investments—other (attach schedule)			56
57a	Land, buildings, and equipment basis	57a 18,274,681		
b	Less accumulated depreciation (attach schedule)	57b 5,636,849	9,785,750	57c 12,648,332
58	Other assets, including program-related investments (describe ► SEE STATEMENT 8)		9,741,819	58 9,254,837
59	Total assets (must equal line 74) Add lines 45 through 58		346,991,086	59 358,962,205
60	Accounts payable and accrued expenses		1,448,006	60 1,847,765
61	Grants payable			61
62	Deferred revenue			62
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63
64a	Tax-exempt bond liabilities (attach schedule)			64a
b	Mortgages and other notes payable (attach schedule)			64b
65	Other liabilities (describe ► ...)			65
66	Total liabilities. Add lines 60 through 65		1,448,006	66 1,847,765
Organizations that follow SFAS 117, check here ► <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
Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds	307,768,507	70	314,430,292
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds	37,774,573	72	42,684,148
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)			
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	345,543,080	73	357,114,440
		346,991,086	74	358,962,205

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

INSTRUCTIONS			
a	Total revenue, gains, and other support per audited financial statements	a	28,298,162
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	95,389
SEE STATEMENT 9			
c	Add lines b1 through b4		
d	Subtract line b from line a		
	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			
e	Total revenue (Part I, line 12) Add lines c and d	e	28,202,773
►			
Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
a	Total expenses and losses per audited financial statements	a	24,778,315
b	Amounts included on line a but not 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	17,805
4	Other (specify)	b4	95,389
SEE STATEMENT 10			
Add lines b1 through b4			
c	Subtract line b from line a		
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			
e	Total expenses (Part I, line 17) Add lines c and d	e	24,665,121
►			
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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)

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

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 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)

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." If "Yes," attach a statement that includes the information described in the instructions

d Does the organization have a written conflict of interest policy?

▶ 11

75b X

75c

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.)

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

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

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ► **SEE STATEMENT 12**

SEE STATEMENT 12

and check whether it is exempt or nonexempt

81a Enter direct and indirect political expenditures (See line 81 instructions) SEE STMT 13 81a 500
b Did the organization file Form 1120-POL for this year?

81b

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	<input checked="" type="checkbox"/>
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	84b	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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	85a	
c Dues, assessments, and similar amounts from members	85b	
d Section 162(e) lobbying and political expenditures	85c	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85d	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85e	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85f	<input checked="" type="checkbox"/>
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	
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	85g	
b Gross receipts, included on line 12, for public use of club facilities	86a	
87 501(c)(12) orgs Enter a Gross income from members or shareholders	86b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87a	
87b	87b	
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part X	88a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ► section 4912 ► section 4955 ►		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	88c	
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	88d	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	88e	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	88f	
f All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	88g	
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?	89a	<input checked="" type="checkbox"/>
90a List the states with which a copy of this return is filed ► NONE	89b	<input checked="" type="checkbox"/>
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	163	
91a The books are in care of ► UNIVERSITY OF VA COMMUNITY CREDIT U Telephone no ► 434-964-2001		
3300 BERKMAR DRIVE	90b	
Located at ► CHARLOTTESVILLE, VA	ZIP + 4 ► 22901	
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)?	91c	
If "Yes," enter the name of the foreign country ►	91d	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91e	

Part VI Other Information (continued)

	Yes	No
91c		X

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 ►

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

▶ 92

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

Note Enter gross amounts unless otherwise indicated

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 14

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 15	%			
	%			
	%			
	%			

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?
(b) Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?

	Yes	X	No
	Yes	X	No

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

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

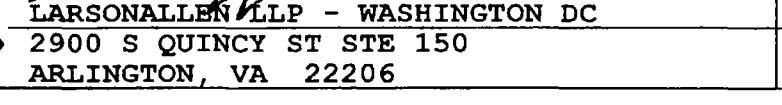
				Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				X

	(A) Name, address, of each controlled entity	(B) Employer ID 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				X

	(A) Name, address, of each controlled entity	(B) Employer ID 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				
	 PAMELA L TURNER <small>Type or print name and title</small>		Date 12/31/08	Preparer's SSN or PTIN (See Gen Instr. X)	
Paid Preparer's Use Only	Preparer's signature 	Date 12/29/08	Check if self-employed <input type="checkbox"/>	EIN 	Phone no 703-998-5100
	Firm's name (or yours if self-employed), address, and ZIP + 4 				Form 990 (2007)

Forms
990 / 990-PF**Other Notes and Loans Receivable****2007**

For calendar year 2007, or tax year beginning _____, and ending _____

Name

Employer Identification Number

UNIV OF VA COMMUNITY CREDIT UNION**54-0674170****FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION**

Name of borrower	Relationship to disqualified person
(1) LOANS TO CREDIT UNION MEMBERS	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	209,817,599	235,523,811	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	209,817,599	235,523,811	

Federal Statements**Statement 1 - Form 990, Part I, Line 6b - Rental Expenses**

	Description	Deduction
RENTAL RENTAL EXPENSES		111,100
TOTAL		<u>111,100</u>

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

	Description	Amount
LOSSES REPORTED ON RETURN		\$ -17,805
INVESTMENT PRODUCT SALE EXPENSE NET AGAINST INCOME		-15,711
RENTAL EXPENSES INCLUDED ON LINE 6B		111,100
RENTAL EXPENSES INCLUDED ON LINE 6B		-111,100
INVESTMENT PRODUCT SALE EXPENSE NETTED AGAINST INC		15,711
INCREASE IN MEMBER SHARES		6,661,785
NET CHANGE IN ACCUM UNRLZD GAIN(LOSS) ON INVESTMEN		1,389,728
TOTAL		<u>\$ 8,033,708</u>

109541 UNIV OF VA COMMUNITY CREDIT UNION
54-0674170
FYE: 12/31/2007

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Federal Statements

Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
COMPENSATION	630,704		
TOTAL	\$ 630,704	\$ 0	\$ 0

Federal Statements**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	\$	\$	\$	\$
OFFICE OPERATIONS	2,832,961			
EDUCATION & PROMOTION	483,083			
PROFESSIONAL/OUTSIDE SERVICES	479,965			
LOAN SERVICING EXPENSE	1,140,688			
OPERATING FEES	71,848			
PROVISION FOR LOAN LOSSES	1,007,027			
MISC OPERATING EXPENSES	284,387			
TOTAL	\$ 6,299,959	\$ 0	\$ 0	\$ 0

Federal Statements**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

DURING 2007, UNIVERSITY OF VIRGINIA COMMUNITY CREDIT UNION, A STATE-CHARTERED CREDIT UNION LOCATED IN CENTRAL VIRGINIA, PROVIDED FINANCIAL SERVICES TO MEMBERS WHO LIVE, WORK, OR ATTEND SCHOOL IN THE CITY OF CHARLOTTESVILLE AND THE SURROUNDING COUNTIES OF ALBEMARLE, FLUVANNA, GREENE, LOUISA, MADISON, NELSON, AND ORANGE. THE CREDIT UNION CONTINUED TO FULFILL ITS EXEMPT PURPOSE BY PROVIDING CREDIT AT FAIR AND REASONABLE RATES OF INTEREST, OFFERING COMPETITIVE SHARE DEPOSIT PRODUCTS, AND PROVIDING MEMBERS WITH THE OPPORTUNITY TO IMPROVE THEIR ECONOMIC CONDITION.

Federal Statements**Statement 6 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	\$	\$	
US GOVT OB & FED AGENCY SEC'S	69,922,696	48,803,876	MARKET
MORTGAGE BACKED SEC'S & CMO'S	22,312,082	38,174,551	MARKET
TOTAL	<u>\$92,234,778</u>	<u>\$86,978,427</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDING	\$ 6,536,575	\$ 1,246,745	\$ 6,674,550	\$ 1,459,717
FURNITURE & EQUIPMENT	4,853,145	3,243,623	6,995,999	3,518,738
LEASEHOLD IMPROVEMENTS	564,811	543,241	738,079	565,021
LAND IMPROVEMENTS	153,683	74,103	153,683	82,873
TOTAL	<u>2,785,248</u>	<u>\$ 5,107,712</u>	<u>3,712,370</u>	<u>\$ 5,626,349</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
LOANS HELD FOR SALE	\$ 3,172,346	\$ 1,869,588
NCUSIF DEPOSIT	2,704,099	2,883,219
LIFE INS & ANNUITY CONTRACTS	2,143,110	2,301,597
OTHER ASSETS	76,112	553,795
ACCRUED INTEREST RECEIVABLE	1,646,152	1,646,638
TOTAL	<u>\$ 9,741,819</u>	<u>\$ 9,254,837</u>

Federal Statements**Statement 9 - Form 990, Part IV-A - Other Revenue Included on Financial Statements**

Description	Amount
INVESTMENT PRODUCT SALE EXPENSE NET AGAINST INCOME ON AUDITED FINANCIAL STATEMENTS	\$ -15,711
RENTAL EXPENSES INCLUDED ON LINE 6B	<u>111,100</u>
TOTAL	\$ <u>95,389</u>

Statement 10 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
RENTAL EXPENSES INCLUDED ON LINE 6B	\$ 111,100
INVESTMENT PRODUCT SALE EXPENSE NETTED AGAINST INCOME ON AUDITED FINANCIAL STATEMENTS	-15,711
TOTAL	\$ <u>95,389</u>

109541 UNIV OF VA COMMUNITY CREDIT UNION
54-0674170
FYE: 12/31/2007

Federal Statements

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

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALISON D DETUNCO 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	CEO	40	196, 147	152, 374	0
PAMELA L TURNER 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	VP FINANCE	40	112, 480	41, 531	0
KAREN B GILLISPIE 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	VP OPERATION	40	88, 243	39, 929	0
JEFFREY C MOSCICKI 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD CHAIRMAN	1	0	0	0
AURIE W SCHWARTING 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD VICE CHA	1	0	0	0
CHARELS T GILLET 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD TREASURE	1	0	0	0
PAMELA W HIGGINS 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD SECRETAR	1	0	0	0
ROSCOE FARIS 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0
ROB WALKER FERER 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0

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**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key
Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LISA HEUCHERT 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0
MARIE C MELTON 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0
ROBERT P STRASSHEIM 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0
DANA B TROM 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0
RICHARD WOOD 3300 BERKMAR DRIVE CHARLOTTESVILLE VA 22901	BOD MEMBER	1	0	0	0

Federal Statements**Statement 12 - Form 990, Part VI, Line 80b - Name of Related Organization(s)**

Name of related organization(s)	Type
MEMBER OPTIONS LLC	NON-EXEMPT
MEMBERS TITLE & ESCROW LLC	NON-EXEMPT

Statement 13 - Form 990, Part VI, Line 81a - Political Expenditures

	Description	Amount
TOTAL		\$ 500
		\$ 500

Federal Statements**Statement 14 - Form 990, Part VIII - Relationship of Activities**

Line No.	Description
93A	INTEREST INCOME FROM LOANS TO MEMBERS IS PRIMARY SOURCE OF REVENUE AND SUPPORTS ONE OF THE CREDIT UNION'S MAIN FUNCTIONS: TO PROVIDE CREDIT TO MEMBERS AT A FAIR AND REASONABLE RATE OF INTEREST AND IMPROVE THEIR ECONOMIC CONDITION. MEMBERS BORROW FROM THE CREDIT UNION FOR A VARIETY OF REASONS (NEW & USED AUTO LOANS, MORTGAGES, HOME EQUITY, SIGNATURE LOANS, ETC.)
93B	REPRESENTS FEES CHARGED TO MEMBERS IN ORDER TO RECOVER COSTS FOR FINANCIAL SERVICES PROVIDED BY THE CREDIT UNION. THIS CATEGORY INCLUDES CHECKING ACCOUNT NSF CHARGES, TRAVELERS CHECK FEES, SAFETY DEPOSIT BOX FEES, ETC.
93C	REPRESENTS REVENUE EARNED AS A CONSEQUENCE OF PROVIDING MEMBERS WITH FINANCIAL SERVICES. THIS CATEGORY PRIMARILY CONSISTS OF INTERCHANGE INCOME EARNED FROM THE DEBIT AND CREDIT CARD PRODUCTS OFFERED TO CREDIT UNION MEMBERSHIP.

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Statement 15 - Form 990, Part IX - Information Regarding Taxable Subsidiaries

Bus Name	Addr	Nature of Activity	Income	EOY Assets
EIN	Ownership %			
MEMBER OPTIONS, LLC 06-1652426	100.0000	MORTGAGE ORIGINATION 1936 ARLINGTON BOULEVARD	\$ 2,006,109	\$ 1,469,860
MEMBERS TITLE & ESCROW, LLC 06-1652427	100.0000	RE TITLE SERVICES 1936 ARLINGTON BOULEVARD	<u>480,096</u>	<u>1,141,157</u>
TOTAL			<u>\$ 2,486,205</u>	<u>\$ 2,611,017</u>

Federal Statements**Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

	Description	Amount
ATM NONMEMBER	SURCHARGES	\$ 42,588
COMMS-SALE OF	INVESTMENT PRD	213,705
COMMS-INSURANCE	SALE/PLACEMEN	72,366
TOTAL		\$ 328,659