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DLN: 93493228036520

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

2009

Open to Public Inspection

A F	or the	2009 calendar ye	ear, or tax year beginning 0	1-01-2009 and ending 12-31-200	9	■ B F!	Alf - Al
B Ch	neck if a	applicable Please	C Name of organization Credit Union National Associ	ation Inc		D Employer ide	ntification number
Address change use IRS label or Doing Business As						23-706562	
Name change print or type. See						E Telephone nu	
┌ Ini	ıtıal retu	ırn Specific	Number and street (or P.O.	box if mail is not delivered to street addre	ss) Room/suite	(608) 231-4	000
Гте	mınate	Instruc- ed tions.	PO Box 431		so, iteom, saite	G Gross receipts s	61,093,632
An	nended	return	City or town, state or count	v. and ZIP + 4		ł	
		n pending	Madison, WI 53701	,,			
, AP	plication			1 66		ı	
			ame and address of principa om Cheney	aιoπicer		ıs a group return ates?	for
			ox 431			100	, 165 / 160
		Madis	son, WI 53701		H(b) Are a	ll affiliates include	ed?
	av-even	nnt status 🔽 F01	(c) (6) ◀ (insert no)	7(a)(1) or			(see instructions)
				7(a)(1) 01 327	H(c) Grou	up exemption nui	mber 🟲
J W	/ebsit	e: 🕨 www.cuna.or	g				
K For	m of or	ganization 🔽 Corpo	ration Trust Association	Other ▶	L Year of fo	ormation 1981 M	State of legal domicile WI
Pa	rt I	Summary					
	1	•	-	or most significant activities national trade association for cred	tit unions ora:	anized to suppor	t. protect. unify and
		advance the goa	ls and purposes of the cred	it union system. It provides legisla	_	• •	
<u>ခို</u>		service developr	ment support for the credit i	ınıon system			
屋							
Governance							
3	2	Check this box	If the organization disco	ntinued its operations or disposed	of more than	25% of its net a	ssets
න් ර	3	Number of voting	g members of the governing	body (Part VI, line 1a)		3	24
Activities	4	Number of indep	endent voting members of t	he governing body (Part VI, line 1t)	. 4	24
Ħ.	5	Total number of	employees (Part V , line 2a)			5	283
<u>4</u>	6	Total number of	volunteers (estimate if nece	essary)		6	50
	7a	Total gross unre	lated business revenue from	n Part VIII, column (C), line 12		7a	1,140,709
	b	Net unrelated bu	isiness taxable income from	Form 990-T, line 34		7b	-32,865
				Pric	or Year	Current Year	
	8	Contributions a	nd grants (Part VIII, line 1	h)			0
를	9	Program servic	e revenue (Part VIII, line 2		50,732,313	46,424,519	
Rayenue	10	Investment inc	ome (Part VIII, column (A)	, lines 3, 4, and 7d)		511,380	1,147,171
Δ.	11	Other revenue	(Part VIII, column (A), lıne	s 5, 6d, 8c, 9c, 10c, and 11e)		4,074,699	3,801,033
	12			st equal Part VIII, column (A), lin	e	55,318,392	51,372,723
	13			column (A), lines 1-3)		33,310,332	31,372,729
	14			olumn (A), line 4)			
	15			enefits (Part IX, column (A), lines 5	5_		
\$	13	10)	compensation, employee by	inelies (Fure IX, Column (A), fines :	´	27,195,957	27,543,040
Expenses	16a	Professional fui	ndraısıng fees (Part IX, colu	ımn (A), lıne 11e)			0
유	ь	Total fundraising e	xpenses (Part IX, column (D), line	e 25) ▶ 0			
	17	Other expenses	s (Part IX, column (A), lines		28,835,619	22,895,897	
	18	Total expenses	Add lines 13-17 (must ed	qual Part IX, column (A), line 25)		56,031,576	50,438,937
	19	Revenue less e	xpenses Subtract line 18 f	rom line 12		-713,184	933,786
<u>ኞ</u>					_	g of Current	End of Year
Net Assets or Fund Balances					<u> </u>	/ear	
A.SS 18 a	20		art X, line 16)			23,326,866	24,296,165
2 5	21					20,672,151	14,853,113
	22			21 from line 20		2,654,715	9,443,052
Ра	rt II	_					
				mined this return, including accompanying ion of preparer (other than officer) is base			
		l 			1		
Sig			-			-08-16	
Her	е	Signature of off	icer		Date		
		William Cheney Type or print na					
		F Type of print na	ame and title			1	
_		Preparer's signature			Check if self-	Preparer's identif (see instructions)	
Paid		* *			empolyed 🕨 🦵		
	arer's	Firm's name (or yo if self-employed),	urs 📘 Johnson Lambert & Co LLI	EIN ▶			
Use	Only	address, and ZIP +	4 700 Spring Forest Road St	LINF			
			Raleigh, NC 27609			Phone no 🕨 (9:	19) 719-6400
May	the IR	RS discuss this re		n above? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Credit Union National Association, Inc. is a national trade association for credit unions organized to support, protect, unify and advance the goals and purposes of the credit union system. It provides legislative, research, public relationship, educational, and service development support for the credit union system.

4e	Total program serv	/ice expenses ⊳ \$							
	(Expenses \$	including	grants of \$) (Revenue \$)				
4d	Other program services (Describe in Schedule O)								
	Sales & Marketing, CU	Development							
	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	Business & Consumer members	Publishing - Provides magazine and	newsletter publications, research servi	ces, and other products and services fo	or credit union staff and its				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	Association Services -	Provides training, education and ann	ual conference for credit union staff ar	nd its members					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
	Government Affairs - F	rovides regulatory, legislative and a	dvocacy support in Washington DC for	the credit union membership					
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)				
4	Section 501(c)(3) a	and 501(c)(4) organizations a	ach of the organization's three nd section 4947(a)(1) trusts a enue, if any, for each program s	re required to report the amoun					
	•	nese changes on Schedule O							
3	•	n cease conducting, or make s	ignificant changes in how it cor		Yes 🗸 No				
	If "Yes," describe th	nese new services on Schedul	e O						
2		n undertake any significant pro or 990-EZ?	ogram services during the year		Yes 🗸 No				

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSU	. vi Keuuli	eu Stii	cuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		N o
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

-orm 990 ((2009)		Р
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Ves	

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a 353			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
l	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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)?	4a		Νo
Ь	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
2	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
3	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
2	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
:	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
j	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
)	Did the organization make a distribution to a donor, donor advisor, or related person?	טפ		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12			
,	facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

5710 Mineral Point Road Madison, WI 53701 (608) 231-4000

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 24			
b	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Describe and another have been broken broaden as officers.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
_	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		N o
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	100		110
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply ☐ Own website. ☐ Another's website. ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	nızatıor	ո 🕨
	Brian Nelson			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	•	3,947,835	0	373,899

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 65

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_		
	mulvidual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Catherine Woods 20 East Boca Raton Phoenix, AZ 85022	advertising sales	146,597
Tom Senatori 502 N Westfield Rd Madison, WI 53717	marketing/creative design for marketing	133,933
Jayne Hitman 9517 Laguna Lake Way Elk Grove, CA 95758	Product Sales	126,162
Jeffrey Maples 4554 Laclede Ave 307 St Louis, MO 63108	Product Sales	121,731
T-12 Three LLC 207 5th Ave San Diego, CA 92101	Conference/Event Support	105,207
2 Total number of independent contractors (including but not limited to those listed above)) who received more than	

\$100,000 in compensation from the organization -7

Page 8

	Page 9 Part VIII Statement of Revenue									
Part V	<u> </u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514		
nts ots	1a	Federated cam	paigns 1a							
gra our	ь	Membership du	es 1b							
કું.	С	Fundraising eve								
<u>#</u> ,#	d		zations 1d							
Ä. Eiğ	e	Government grants								
	f	similar amounts no	ons, gifts, grants, and 1f ot included above							
er Sep	g		butions included in							
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ _ Total. Add lines	s 1a-1f	▶						
				Business Code						
Program Serwce Revenue	2a	Member Dues		900,099	22,531,655	22,531,655				
Re K	ь	Association Service	25	900,099	11,230,883	11,230,883				
<u>8</u>	С	Research/Advisory	Serv	511,120	7,893,516	6,815,777	1,077,739			
<u>z</u>	d	Government Affairs	s Con	900,099	3,934,760	3,934,760				
Ē	e	Other Programs rev	venue	900,099	833,705	833,705				
್ಷ ಪ್ರಾ	f	All other progra	am service revenue							
<u>Ā</u>	g	Total. Add lines	s 2a-2f		46,424,519					
	3		ome (including dividen	. F	7.5.470			745.450		
	_		ar amounts)	⊢	715,170			715,170		
	4 5		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·						
		Noyunties	(ı) Real	(II) Personal						
	6a	Gross Rents	.,							
	ь	Less rental expenses								
	c	Rental income or (loss)								
	d		me or (loss)							
			(ı) Securities	(II) O ther						
	7a	Gross amount from sales of assets other than inventory	9,854,841	298,069						
	ь	Less cost or other basis and sales expenses	9,603,909	117,000						
	c d	Gain or (loss)	250,932	181,069 	432,001			432,001		
	8a		rom fundraising		,					
Other Revenue	b c	See Part IV, lin	luding s reported on line 1c) ne 18 a penses b (loss) from fundraising	events ►						
	9a	Gross income f	rom gaming activities							
	ь		ne 19 a penses b							
	С		(loss) from gaming activ	vities						
	10a	Gross sales of returns and allo								
	ь		oods sold b							
	С		(loss) from sales of inve							
	11-	Miscellaneous		Business Code 511,120	3,801,033	3,738,063	62,970			
	11a b	Reimbursement	ts from Af	311,120	3,001,033	3,730,003	02,970			
	C									
	d	All other reven	ue							
	e	Total. Add lines			2 00 : 22-					
	12	Total revenue.	See Instructions	•	3,801,033 51,372,723	49,084,843	1,140,709	1,147,171		

Part IX Statement of Functional Expenses

Oo no	l other organizations must complete column (A) but are not required to t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and organizations	'	expenses	general expenses	expenses
_	in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,732,755			
5	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	17,962,294			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,633,994			
9	Other employee benefits	2,603,251			
0	Payroll taxes	1,610,746			
1	Fees for services (non-employees)				
а	Management				
ь	Legal	203,751			
c	Accounting	112,857			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	93,679			
g	Other	1,818,888			
2	Advertising and promotion	1,043,623			
3	Office expenses	1,521,765			
1	Information technology	461,109			
5	Royalties				
5	Occupancy	3,187,287			
7	Travel	1,305,257			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	8,230,730			
)	Interest				
1	Payments to affiliates	1,582,062			
2	Depreciation, depletion, and amortization	981,127			
3	Insurance				
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Cost of Goods Sold	1,006,771			
b	O ther Expenses	745,388			
c	Commissions	529,663			
d	Staff Training	71,940			
e					
f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	50,438,937			
6	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 Cash—non-interest-bearing 2,126,121 2 1,773,148 2 3 3 4 1.151.342 4 1.091.729 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 216,772 274.872 1,327,199 2,037,762 Land, buildings, and equipment cost or other basis Complete 8.108.145 10a 10a Part VI of Schedule D 2.125,780 **10c** 10b 6.306.775 1.801.370 b Less accumulated depreciation 12,618,018 14,156,879 11 11 1.908.211 12 2,064,690 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1.084.760 15 1.864.378 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 23,326,866 24,296,165 4.864.170 17 3.656.929 17 Accounts payable and accrued expenses . 18 18 7,529,191 19 6,684,544 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 8.278.790 25 Other liabilities Complete Part X of Schedule D 25 4,511,640 26 **Total liabilities.** Add lines 17 through 25 20,672,151 14,853,113 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. Unrestricted net assets 2.654.715 9,443,052 27 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 2,654,715 9,443,052 33 33 34 Total liabilities and net assets/fund balances 23,326,866 24,296,165 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independ				у ட	прі	Oyec	.s, i	ingliest		
(A) Name and Title	(B) Average hours	Posit tł	(C non (d nat a	chec)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and related organizations
Kris J Mecham Chairman	9 00	Х						0	0	0
Harriet May Vice Chairman	5 00	Х						0	0	0
Michael J Mercer Secretary	5 00	Х						0	0	0
Patricia Wesenberg Treasurer	5 00	Х						0	0	0
Dennis E Pierce At-Large Executive Commi	4 00	Х						0	0	0
Joseph g Bergeron Director	4 00	х						0	0	0
Robert M Cashman Director	4 00	Х						0	0	0
Mary Cunningham director	4 00	Х						0	0	0
Tom R Dorety director	4 00	Х						0	0	0
Pete Dzuris director	4 00	Х						0	0	0
Eugene Foley Director	4 00	Х						0	0	0
Laida E Garcia director	4 00	Х						0	0	0
John A Graham director	4 00	Х						0	0	0
William A Herring director	4 00	Х						0	0	0
Sandy Lingerfelt director	4 00	Х						0	0	0
Marla S Marsh director	4 00	Х						0	0	0
Paul Mercer Director	4 00	Х						0	0	0
Winona Nava director	4 00	Х						0	0	0
Dave Rhamy director	4 00	Х						0	0	0
Rod Staatz director	4 00	Х						0	0	0
Susan Streifel director	4 00	Х						0	0	0
Dennis K Tanimoto director	4 00	Х						0	0	0
Edwin L Williams director	4 00	Х						0	0	0
vacant Director	4 00	Х						0	0	0
Daniel A Mica President	40 00			х				1,382,256	0	219,336

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independ		<u> </u>								1	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099-MISC)	compensation from the organization and related organizations	
Richard McBride Executive Vice President	40 00			Х				385,596	0	70,304	
Eric Richard Chief Legal Counsel	40 00			Х				330,965	0	31,530	
John Franklin Executive Vice President	40 00			Х				335,819	0	29,454	
William Hampel SVP - Economics	40 00			Х				298,119	0	23,275	
John Magıll SVP - Legislative Affair	40 00					Х		290,327	0	0	
Susan Newton SVP - League Relations	40 00					х		280,380	0	0	
Richard Gose SVP - Political Affairs	40 00					Х		227,602	0	0	
Joanne Duncan SVP & CFO	40 00					Х		213,036	0	0	
Mark Wolff SVP - Communication	40 00					х		203,735	0	0	

Software ID: Software Version:

EIN: 23-7065623

Name: Credit Union National Association Inc

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Member Dues	900,099	22,531,655	22,531,655		
Association Services	900,099	11,230,883	11,230,883		
Research/Advisory Serv	511,120	7,893,516	6,815,777	1,077,739	
Government Affairs Con	900,099	3,934,760	3,934,760		
Other Programs revenue	900,099	833,705	833,705		

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As Filed Data

DLN: 93493228036520

OMB No 1545-0047

(Form 990) **Supplemental Financial Statements**

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE D

► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Credit Union National Association Inc 23-7065623

Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		-unds (or Accounts.	Comple	te if th
	<u>g</u>	(a) Donor advised funds	(her accou	nts	
L	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advi	s e d	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber conferring impermissible private benefit				☐ Yes	┌ No
Pa	Conservation Easements. Complete	ıf the organization answered "Yes"	to Form	1 990, Part IV	, lıne 7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ion or pleasure)	certified	d historic struct	•	a
				Held at the I	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements	S	2b			
c	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
3	Number of conservation easements modified, transfer the taxable year 🕨	erred, released, extinguished, or terminat	ed by th	e organization d	uring	
ŀ	Number of states where property subject to conserv	ation easement is located ►				
5	Does the organization have a written policy regarding	g the periodic monitoring, inspection, hai	ndling of	violations, and	_	

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌
4	Number of states where property subject to conservation easement is located 🛌
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌
7	A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶\$_____

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Рап	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or C	<u>)the</u>	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check an	ıy of th	ne fol	owing t	hat ar	e a sıgnıfıc	ant u	se of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcl	hange prog	rams				
b	Scholarly research		e	Γ	Other	•						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	v furthe	r the c	oraanızatıor	ı's ex	empt purpo:	se in		
-	Part XIV				,							
5	During the year, did the organization solicit o								nılar	_		
Doo	assets to be sold to raise funds rather than to the transparent								oc" to Forn		Yes	│ No
Par	Part IV, line 9, or reported an an						i aliswere	u i	es to roii	11 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	etsı	not		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	/ing t	able							
										A mou	nt	
c	Beginning balance							1c				
d	Additions during the year						L	1d				
e	Distributions during the year	Distributions during the year 1e										
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ie 21?								Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior `	rear .	(c) Tw	o Years Back	(d)	Three Years Ba	ck (e)	Four Ye	ears Back
1a	Beginning of year balance							+		_		
b	Contributions							+				
с	Investment earnings or losses							+				
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as							•		
а	Board designated or quasi-endowment	%										
ь	Permanent endowment %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are helo	d and a	dministere	d for	the			
	organization by	-							_		Yes	No
	(i) unrelated organizations							٠	_	3a(i)		<u> </u>
	(ii) related organizations							•	[Ba(ii)		
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	·						•		3b		<u> </u>
	t VI Investments—Land, Buildings					90. Pa	art X. line	10.				
	<u> </u>	<u>,, una Equipino</u>) Cost or		(b)Cost or		(c) Accumula	ated		
	Description of investment				is (inves		basis (oth		depreciation		(d) Bo	ok value
1a	Land											
b	Buildings											
c	Leasehold improvements						65	7,524	37	6,550		280,974
d	Equipment						7,450	0,621	5,93	0,225		1,520,396
e	Other	<u> </u>					·					

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		d of valuation f-year market value
Financial derivatives		Cost of the o	y car market varae
Closely-held equity interests			_
Other			
Investment in CSS	2,001,690		F
Investment in CUSC	13,000		С
Investment in MTC	50,000		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	2,064,690		
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(B) Book Value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	<u>Ι</u> Δ 15		
(a) Descrip			(b) Book value
Endorsements Receivable			9,372
Prepaid Pension			31,262
A ffiliate Receivables			1,823,744
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	u.	1,864,378
Part X Other Liabilities. See Form 990, Part X			1,004,378
() 5	(b) A mount		
	(b) Amount		
Federal Income Taxes			
Deferred Compensation			
	2,313,609		
	2,313,609 982,658		
deferred rent			
deferred rent	982,658		
deferred rent Affiliate Payables	982,658		
deferred rent	982,658		
deferred rent	982,658		
deferred rent	982,658		

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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DLN: 93493228036520

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization Credit Union National Association Inc **Employer identification number**

23-7065623

Pa	tt I Questions Regarding Compensation	n					
					Yes	Νo	
1a	Check the appropriate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II						
	First-class or charter travel	١	Housing allowance or residence for personal use			1	
	▼ Travel for companions	Γ	Payments for business use of personal residence				
	Tax idemnification and gross-up payments	⊽	Health or social club dues or initiation fees				
	Discretionary spending account	⊽	Personal services (e g , maid, chauffeur, chef)				
b	If any of the boxes in line 1a are checked, did the creimbursement orprovision of all the expenses des			1b	Yes		
2	Did the organization require substantiation prior to						
	officers, directors, trustees, and the CEO/Executiv	e Directo	or, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t						
	Compensation committee	<u> </u>	Written employment contract				
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study				
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A , line 1a with respect to the filing organization				
а	Receive a severance payment or change-of-contro	l paymen	t?	4a		Νo	
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
c	c Participate in, or receive payment from, an equity-based compensation arrangement?						
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any				
а	The organization?			5a		<u> </u>	
b	Any related organization?			5b			
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a,	did the organization pay or accrue any				
а	The organization?			6a			
b	Any related organization?			6b			
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7			
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described						
	ın Part III		, , , , , , , , , , , , , , , , , , , ,	8			
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	ne rebutta	able presumption procedure described in Regulations	9			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Daniel A Mica	(ı) (ıı)	828, 44 7 0	486,615 0	67,194 0 0	. 0 219,336	_	0 1,382,256 0 219,336	
Richard McBride	(ı) (ıı)	385,596 0	0	0	70,304		0 385,596 0 70,304	
Eric Richard	(ı) (ıı)	330,965 0	0	0	0 31,530		0 330,965 0 31,530	
John Franklin	(ı) (ıı)	335,819 0	0	0	0 29,454	_	0 335,819 0 29,454	
William Hampel	(ı) (ıı)	298,119 0	0	0	0 23,275	-	0 298,119 0 23,275	
John Magill	(ı) (ıı)	290,327 0	0	0	0 0	(0 290,327 0 0	
Susan Newton	(ı) (ıı)	280,380 0	0	0	0 0	 	0 280,380 0 0	
Richard Gose	(ı) (ıı)	227,602 0		0	0 0		0 227,602 0 0	
Joanne Duncan	(ı) (ıı)	213,036 0	0	0	0 0		0 213,036 0 0	
Mark Wolff	(1)	203,735	0	0	0		0 203,735 0 0	,
				<u></u>		 	+	
			<u> </u>					
			 	<u> </u>		l		
	!		 '	 	-			<u> </u>

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
	·	Travel for Companions is avaiable to all members of Senior Management. In 2009, 20 individuals received this benefit. It was taxable to all those who received it Housing allowance or Residence, Health/Social club dues, and Personal Services were avaiable to and received by the President/CEO. Social club dues and some personal services were taxable to the recipient.
	Part I, Line 4a	Part I, Line 4b Daniel A Mica, 457(f) Plan, \$486,615

Schedule J (Form 990) 2009

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization Credit Union National Association Inc					Employer identification number 23-7065623					
Part I	Excess Benefit Tran					ganızat	ions on	ıly).	40b	
1	(a) Name of disqu			·	ription of t					rrected? No
sect	er the amount of tax impos cion 4958 er the amount of tax, if any						. 🕨	\$ ——— \$		
Part II	Loans to and/or f			O Part IV June 26	or Form 0	00 57	Dort V	lino 285		
(a) Name	of interested person and purpose	(b) Loan to or from the organization?	(c)Original principal amount	(d) Balance due	(e) In default?	b	(f) Approve y board ommittee	d (or a	(g) Writte greemen	
		To From			Yes		es .		Yes	No
Total . Part III		nızatıon answ	vered "Yes" on Fo	orm 990, Part IV						
(a) Name of interested pers	on (b	i)Relationship betw and the o	reen interested per rganization	rson (c) A moui	nt of gra	nt or type	of assist	ance
Part IV	Business Transact Complete if the orga				/, line 28a	a, 28b,	or 28c.			
(a)	Name of interested persoi	betw pe	Relationship een interested rson and the rganization	(c) A mount of transaction	(d) [Descript	ion of tra	ansaction	organı	aring of zation's nues? No
CUNA Str	ategic Services	Directo	ors of entity doing business		Manag	gement A	A greeme	ent	- 3-	No

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DLN: 93493228036520

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public

Inspection

Name of the organization
Credit Union National Association Inc

Employer identification number

23-7065623

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Two members of the CUNA Board are brothers
Form 990, Part VI, Section A, line 6		Members include state and regional credit union trade associations (leagues), credit unions that are members of those leagues, credit unions located within the U.S. but outside the geographic area of members leagues, and credit unions organized and operating under the jurisdiction of the National Credit Union Administration that are serving American military and civilian personnel at overseas installations
Form 990, Part VI, Section A, line 7a		Members within a region of the country elect board members from that region of the country
Form 990, Part VI, Section B, line 11		The Board resolved that the Form 990 would be reviewed by the Chair and Treasurer of the Organization prior to filing and a copy would then be provided to all members of the governing body
Form 990, Part VI, Section B, line 12c		Conflict of Interest Disclosure forms are required to be completed annually by all members of the Board of Directors and by Officers of CUNA and submitted to the President for review
Form 990, Part VI, Section B, line 15		KEY EMPLOYEES, OTHER THAN CEO, ARE COMPENSATED CONSISTENT WITH ALL CUNA EMPLOYEES HR AND THE COMPENSATION REVIEW COMMITTEE CONDUCTS COMPARABLE COMPENSATION REVIEWS ANNUALLY TO DETERMINE COMPENSATION TABLES FOR FOR ALL EMPLOYEES
Form 990, Part VI, Section C, line 19		Organization copies and mails non-privileged or confidential corporate documents to members of the public upon request
Form 990, Part VI, Line 1		The Board of Directors ordinarily has 24 voting board members. For a very brief time at the end of 2009, a vacancy occurred, dropping the actual number of voting members to 23. The vacancy was promptly filled

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DLN: 93493228036520

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Credit Union National Association Inc

23-7065623

23-7003023

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) (f)
Direct controlling
entity

Credit Union Legislative Action Council

601 Pennsylvania Ave NW Ste 600

Political Action Committee

DC

527(f)

washington, DC 20004 52-1154361

Yes

No

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered "Yes" on Form 990, Part IV,	line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(h) (i) (j) (c) (e) (d) Direct controlling **(f)** Share of total income Disproprtionate Code V-UBI General or (b) Legal (a) (g) Predominant income Primary activity allocations? amount in box 20 of managing Name, address, and EIN of domicile Share of end-of-year (related, unrelated, related organization (state or entity assets Schedule K-1 partner? excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CUNA Strategic Services Inc 5710 Mineral Point Road Madison, WI53701 39-1979912	Products & Services Provider for Credit Unions	WI		С	2,656,224	4,294,387	51 580 %

(4)

(5)

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

No

Yes

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or a	art V	Transactions With Related Organizations	(Complete if the organization answered "Ye	es" on Form 990, Part IV, line 34, 35, or 3	6.)
---	-------	--	--	---	-----

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions are set of the following transactions with one or more related organizations leads to the following transactions with one or more related organizations leads to the following transactions are set of the following tra	listed in Parts II-IV?										
 Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s) Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) 											
						f Sale of assets to other organization(s)		1 f		No	
						g Purchase of assets from other organization(s)		1 g		No	
						h Exchange of assets					
						i Lease of facilities, equipment, or other assets to other organization(s)		1i		No	
j Lease of facilities, equipment, or other assets from other organization(s)		1j		No							
 k Performance of services or membership or fundraising solicitations for other organization(s) l Performance of services or membership or fundraising solicitations by other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets 											
					n Sharing of paid employees						
					Reimbursement paid to other organization for expenses		10		No		
p Reimbursement paid by other organization for expenses		1р	Yes								
q Other transfer of cash or property to other organization(s)		1q		No							
r Other transfer of cash or property from other organization(s)		1r		No							
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including co	overed relationships and transaction threshold	ls									
(a) Name of other organization	(b)		(c) : involve	ed							
1) CUNA Strategic Services	M		ç	91,000							
2) CUNA Strategic Services	N		1,13	35,990							
3) CUNA Strategic Services	Р		1,53	36,248							

Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No