

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990** 

Department of the Treasury

# **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)

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

2009

Open to Public Inspection

Check if	: 2009 ca	lendar yea	r, or tax year beginning 01-01-200	and chang Iz 31 2003	-	D Employer	identification number
*	• •	Please use IRS	C Name of organization TEACHERS CREDIT UNION				
Address o	change	label or	Doing Business As			35-0702 E Telephone	
Name cha	ange	print or type. See	3			-	
Initial reti	urn	Specific Instruc-	Number and street (or P O box if mail	is not delivered to street addres	s) Room/suite	(574) 232	ots \$ 134,022,489
Terminate	ed	tions.	110 South Main Street			<b>u</b> dross receip	JIS \$ 154,022,407
Amended	l return		City or town, state or country, and ZIP	+ 4	<b>I</b>		
Applicatio	on pending		South Bend, IN 46601				
		<b>F</b> Nar	ne and address of principal officer		<b>H(a)</b> Is th	∎ is a group reti	urn for
		Richard			affilia		⊤Yes ▼ No
			uth Main Street Bend, IN 46601		U/b) A	l affiliates in al	dada Evaa E
			*			laffiliates incl	uded?   Yes   st (see instructions)
Tax-exe	mpt status	<b>▽</b> 501(c)	( 14 ) ◀ (insert no )	r <b>「</b> 527		o, attach a n ip exemption	
Websit	e: ► www	tcunet co	m		(-)		
				l	1		T
Form of o	Sumr		ion Trust Association Other		<b>L</b> Year of fo	rmation 1931	<b>M</b> State of legal domicile
1		•	e organization's mission or most s	ianificant activities			
-	•		redit Union	ignificant activities			
2	Check t	hıs box দ	if the organization discontinued i	ts operations or disposed (	of more than	25% of its ne	et assets
3	Number	of voting r	nembers of the governing body (Pa	ort VI, line 1a)			3
4	Number	ofindepen	dent voting members of the gover	ning body (Part VI, line 1b)	)		4
5			nployees (Part V, line 2a)				5
6			lunteers (estimate if necessary)				6
			ted business revenue from Part VI				<b>7a</b> 8,126,
	_		ness taxable income from Form 99	, , , , , , , , , , , , , , , , , , , ,	•		<b>7b</b> -249,
<del>                                     </del>	- Net unit	inted Dasi	mess taxable income nom roim y	, o 1, mie 54	Drie	r Year	1
					Prio		Current Year
8			I grants (Part VIII, line 1h)			0	ļ
9			revenue (Part VIII, line 2g)			99,337,624	
10			ne (Part VIII, column (A), lines 3,			1,001,849	<del>' '</del>
			art VIII, column (A ), lines 5, 6d, 8			29,889,097	599,7
12			dd lines 8 through 11 (must equal			130,228,570	133,922,5
13			r amounts paid (Part IX, column (			0	
14			r for members (Part IX, column (A			0	
15			empensation, employee benefits (P		_		
3   13	10)	s, other co	impensation, employee belients (F	art 1x, column (x), mes 3		35,111,388	35,649,5
16a	Profess	sional fund	raising fees (Part IX, column (A),	ine 11e)		0	1
<u>{</u>   ь	Total fur	ndraising exp	enses (Part IX, column (D), line 25) 🕒				
]   <b>17</b>			Part IX, column (A), lines 11a-11	d 11f-24f)		88,505,056	91,425,0
18			Add lines 13–17 (must equal Part			123,616,444	<u> </u>
10			enses Subtract line 18 from line			6,612,126	
10	Keveni	ie iess ext	Subtract line 10 hom line	12	Reginning	g of Current	0,047,9
19 %						g v. varitiil	End of Year
						'ear	Lild of Tear
	Total a	ssets (Par	t X, line 16)		Y	_	
					1,8	<b>'ear</b> 875,945,058	2,023,383,3
	Total li	abilities (F	t X, line 16)		1,8 1,7	ear	2,023,383,3
20 10 10 10 10 10 10 10 10 10 10 10 10 10	Total li Net as	abilities (F	art X, line 26) d balances Subtract line 21 from		1,8 1,7	<b>ear</b> 375,945,058 734,234,204	2,023,383,3
20 21 22	Total II Net as <b>Sign</b> a	abilities (F sets or fun <b>ature Bl</b> e	art X, line 26) d balances Subtract line 21 from		1,8 1,7	ear 875,945,058 734,234,204 141,710,854	2,023,383,3 1,874,666,6 148,716,7
20 10 10 10 10 10 10 10 10 10 10 10 10 10	Total II  Net as:  Signa  Under pe	abilities (F sets or fun ature Blo enalties of pe	d balances Subtract line 21 from	Inne 20 return, including accompanying s	1,3	ear 875,945,058 734,234,204 141,710,854 tatements, and t	2,023,383,3 1,874,666,6 148,716,7
20 21 22 22	Total II  Net as:  Signa  Under pe	abilities (F sets or fun ature Blo enalties of pe	eart X, line 26) d balances Subtract line 21 from ock  grupy, I declare that I have examined this	Inne 20 return, including accompanying s	1,3 1,5 schedules and so on all informat	ear 375,945,058 734,234,204 141,710,854 tatements, and toon of which prep	2,023,383,3 1,874,666,6 148,716,7
secondary 20 21 22 22 2art III	Net as  Signa  Under pe	abilities (Final sets or function ature Bloom ature Bloom ature Bloom ature) of perfect of the set	Part X, line 26)	Inne 20 return, including accompanying s	1,3 1,7 schedules and si on all informati	ear 875,945,058 734,234,204 141,710,854 tatements, and t	2,023,383,3 1,874,666,6 148,716,7
seed 20 21 22 Part III	Total II  Net as:  Signa  Under pe and belie	abilities (Fisets or fundature Blocalities of peef, it is true, of the conditions of	Part X, line 26)	Inne 20 return, including accompanying s	1,3 1,5 schedules and so on all informat	ear 375,945,058 734,234,204 141,710,854 tatements, and toon of which prep	2,023,383,3 1,874,666,6 148,716,7
secondary 20 21 22 22 2art III	Total II  Net as  Signa  Under pe and belief  Signa  Amy	abilities (Fosets or fundature Blocalities of people in the football of the Sink CFO	Part X, line 26)	Inne 20 return, including accompanying s	1,3 1,7 schedules and si on all informati	ear 375,945,058 734,234,204 141,710,854 tatements, and toon of which prep	2,023,383,3 1,874,666,6 148,716,7
seed 20 21 22 Part III	Total II  Net as  Signa  Under pe and belief  Signa  Amy	abilities (Fisets or fundature Blocalities of peef, it is true, of the conditions of	Part X, line 26)	Inne 20	1,3 1,5 schedules and si on all informati 2010- Date	Tear 875,945,058 734,234,204 141,710,854 tatements, and toon of which prej	2,023,383,3 1,874,666,6 148,716,7 to the best of my knowledge parer has any knowledge
gn ere	Total III Net as  Signa Under pe and belie  Signa Amy Type  Preparer'	abilities (Fosets or fundature Bleenalties of peef, it is true, of ture of office Sink CFO or print names	Part X, line 26)	return, including accompanying sarer (other than officer) is based	1,3 1,7 schedules and si on all informati	Tear 875,945,058 734,234,204 141,710,854 tatements, and toon of which prej	2,023,383,3 1,874,666,6 148,716,7 to the best of my knowledge parer has any knowledge
gn ere	Total III Net as: Signa Under pe and belie Signa Amy Type Preparer'signature	abilities (Fosets or fundature Bleenalties of peef, it is true, of ture of office Sink CFO or print names	Part X, line 26)	return, including accompanying sarer (other than officer) is based  Date C se	schedules and so on all information and so Date	Rear 375,945,058 734,234,204 141,710,854 tatements, and toon of which preparer's ide	2,023,383,3 1,874,666,6 148,716,7 to the best of my knowledge parer has any knowledge
gn ere	Total li Net as  Signa  Under pe and belie  Signa  Amy Type  Preparer' signature  Firm's na	abilities (Fosets or fundature Bloenalties of people in the condition of t	Part X, line 26)	return, including accompanying sarer (other than officer) is based  Date C se	1,3 1,7 schedules and so on all informati 2010- Date	Rear 875,945,058 734,234,204 141,710,854 tatements, and ton of which preparer's ide (see instruction)	2,023,383,3 1,874,666,6 148,716,7 to the best of my knowledge parer has any knowledge
gn ere	Total III Net as  Signa Under pe and belie  Signa  Amy Type  Preparer' signature  Firm's na if self-em	abilities (Fosets or fundature Bloenalties of people in the condition of t	Part X, line 26)	return, including accompanying sarer (other than officer) is based  Date C se	1,3 1,7 schedules and so on all informati 2010- Date	Rear 375,945,058 734,234,204 141,710,854 tatements, and toon of which preparer's ide	2,023,383,3 1,874,666,6 148,716,7 to the best of my knowledge parer has any knowledge

Cat No 11282Y

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

State Chartered Credit Union

4e	Total program ser	vice expenses►\$	0		
4d	Other program se (Expenses \$	rvices (Describe in Schedule O including	O ) grants of\$	O ) (Revenue \$	0)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	of our members by of that offer members a Unicorp Federal Credi	ffering competitive deposit rates and ccess to their accounts to make cash t Union allowing us to strengthen pre is on a variety of topics. At year end	by making sensible loans. We opened or check deposits, withdraw cash, or sence in Northwest Indiana. We conti	any seen before Teachers Credit Union dour first two electronic service center transfer funds We also acquired two linue to offer financial education to our egulatory guidelines and member satisf	s that feature enhanced ATMs ocations by merger with members by providing
	(Code	) (Expenses \$	0 including grants of \$	0) (Revenue \$	133,922,517 )
4	Section 501(c)(3)	and 501(c)(4) organizations a		largest program services by ex are required to report the amoun service reported	
		hese changes on Schedule O		,	,
3		n cease conducting, or make :	significant changes in how it co		Yes ✓ No
	•	or 990-EZ? hese new services on Schedu			Yes 🔽 No
2			ogram services during the year		

	Part IV	Checklist	of Red	uired	<b>Schedule</b>
--	---------	-----------	--------	-------	-----------------

			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	Yes	
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		
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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendownents? If "Yes," complete Schedule D, Part V	10		Νo
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		No
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		Νο
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		Νο
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? <i>If</i> "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		Νο
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		Νο
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		No
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	Yes	
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
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			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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	Yes	
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		Νο
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

Part V	Statements	Regarding	Other	IRS	Filings and	Tax	Compliance	_
--------	------------	-----------	-------	-----	-------------	-----	------------	---

	Otationio Regarding Const. Lite : miligo and Tax Compilation		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 91,950  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
b	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	
За	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	
<del>1</del> a	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	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
c	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		
а	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		Νo
b	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	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			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
3	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	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 )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

110 S Main Street

(574) 232-8012

South Bend, IN 466011805

**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	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 11			
ь	Enter the number of voting members that are independent 1b 0			
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		Νo
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		Νo
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
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
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
10-	Does the ergonization have local chapters, branches, or offiliates?	10a	Yes	NO
	Does the organization have local chapters, branches, or affiliates?	10a	res	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	L Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
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	
	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	16a	Yes	
L	taxable entity during the year?	10a	res	
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its 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	Yes	
Se	ction C. Disclosure	100	. 63	
17	List the States with which a copy of this Form 990 is required to be filed►IN			
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	ne orga	nızatıor	n 🕨
	Richard J Rice			

# 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 not compensate any current or former office								r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b Total	· ·	3,668,140	0	509,383
----------	-----	-----------	---	---------

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -22

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	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	<b>(C)</b> Compensation
HUB International 265 East Parkway Blvd Coppell, TX 75019	Insurance Coverage Premiums	1,769,933
Digital Insight PO Box 515306 Los Angeles, CA 90051	Internet Bankıng	1,136,524
Diebold Supply PO Box 643955 Pittsburgh, PA 15264	ATM Equipment	751,215
Dell One Del Way Round Rock, TX 78682	Computer Equipment	737,961
Brinks Security 555 Dividend Dr Suite 100 Coppell, TX 75019	Armored Services	699,344
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 **>**69

Page 8

	•		f D					Page <b>9</b>
Part V	<b>/</b>	Statement	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
##	1a	Federated cam	paıgns 1a					
ie ja	ь	Membership du	es <b>1b</b>					
e,ĕ E	c	Fundraising eve	ents 1c					
<del>-</del> +	d	Related organiz	ations 1d					
S,E	e	Government grants	s (contributions) <b>1e</b>					
i S	f	All other contribution	ons, gifts, grants, and 1f					i
<u> 후</u> 후	g	sımılar amounts no Noncash contri	ot included above butions included in					
a H								
ှင် မြောင်	h		s 1a-1f	▶	О			
<u> </u>				Business Code				
nue.	2a	Loan Income		522,130	99,665,260	99,665,260	0	0
Fe.	ь	Fee Income		522,130	15,637,792	14,797,751	840,041	0
Other Revenue Contributions, gifts, grant amount and other similar amount and other similar amount of the simi	c	Other Operating In	come	525,990	13,477,206	6,868,128	6,609,078	0
	d		_					
ج د	e		_					
୍ରୀଷ	f	All other progra	am service revenue		0	0	0	0
Š	g	Total. Add lines	s 2a-2f		128,780,258			
	<del>-</del> -		ome (including dividen		120,7.00,200			
			aramounts)	. F	4,502,656	4,405,221	97,435	0
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨	0	0	0	0
	5	Royalties	<u> </u>	▶	0	0	0	0
			(ı) Real	(11) Personal				
	6a	Gross Rents	176,982	0				
	Ь	Less rental expenses	99,970	0				
	c	Rental income or (loss)	77,012	0				
	d	, ,	me or (loss)		77,012	19,543	57,469	0
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	-1,977,812	2,017,680				
		assets other than inventory						
	ь	Less cost or	0	0				
		other basis and sales expenses						
	С	Gain or (loss)	-1,977,812	2,017,680				
	d		s)		39,868	39,868	0	0
enne	8a	Gross income f events (not inc  \$ of contributions See Part IV, lin	luding 0 reported on line 1c)					
Ģ.		Jeer are IV, IIII	a a	0				
Ē	ь	Less direct ex	penses b	0				
5	С	Net income or (	(loss) from fundraising	events 🗠	0	0	0	0
	9a		rom gaming activities					
		See Part IV, lin	a	0				
	ь	Less directex	penses b	0				
	c		(loss) from gamıng actı	vities	0	0	0	0
	10a	Gross sales of returns and allo	ınventory, less					
	b c		oods sold <b>b</b> (loss) from sales of inve	0 0 entory •	0	0	0	0
		Miscellaneous	s Revenue	Business Code				
	11a	Management Fe	ees	541,200	86,520	0	86,520	0
	ь	Shared Branchi	ng Income	561,439	436,205	0	436,205	0
	С							
	d		ue		0	0	0	0
	e	Total. Add lines	s 11a-11d		522,725			
	12	Total revenue.	See Instructions .	▶[	133,922,519	125,795,771	8,126,748	0
					,,	, >, +	· · · · ·	Form <b>990</b> (2009)

	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations m			<b>(B)</b>	
	ll other organizations must complete column (A) but are not required to	complete column	(B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,668,140			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	21,791,432			
8	Pension plan contributions (include section 401(k) and section	, , ==			
_	403(b) employer contributions)	2,737,474			
9	Other employee benefits	5,548,354			
10	Payroll taxes	1,904,165			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	382,588			
c	Accounting	396,948			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	2,825,698		1	
13	Office expenses	3,269,756		1	
14	Information technology	3,299,273			
15	Royalties	0			
16	·	4,101,896		+	
	Occupancy	· · · ·			
17 18	Payments of travel or entertainment expenses for any federal,	188,963			
40	state, or local public officials	0			
19	Conferences, conventions, and meetings	661,191			
20	Interest	38,391,228			
21	Payments to affiliates	1,372,518			
22	Depreciation, depletion, and amortization	4,015,792			
23	Insurance	514,503	ļ		
24	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	Provision for Loan Loss	18,938,472			
b	Franchise Tax	151,638			
c	Equipment Maintenance	33,703			
d	CU Service/Loan Service	8,791,687			
e	Professional Outside Services	573,633			
f	All other expenses	3,515,537			
25	Total functional expenses. Add lines 1 through 24f	127,074,589		0	0
26	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	22.,57 1,303			<u>~</u>
	campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	27,261,995	1	25,459,969
	2	Savings and temporary cash investments	11,053,136	2	206,108,561
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	6,659,112	4	6,175,754
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L	3,368,871	5	3,292,912
	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			
		Schedule L		6	0
Assets	7	Notes and loans receivable, net	1,619,136,228	7	1,594,781,404
8	8	Inventories for sale or use	144,535	8	141,723
⋖	9	Prepaid expenses and deferred charges	19,149,317	9	16,142,321
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 84,207,894			
	ь	Less accumulated depreciation 10b 45,568,681	36,126,088	10c	38,639,213
	11	Investments—publicly traded securities	105,434,666	11	82,140,755
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	31,730,435	13	30,534,405
	14	Intangible assets	4,051,375	14	5,942,402
	15	Other assets See Part IV, line 11	11,829,300	15	14,023,907
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,875,945,058	16	2,023,383,326
	17	Accounts payable and accrued expenses	9,263,839	17	8,178,702
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
biliti	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>.e</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	296,274,750	23	180,160,017
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	1,428,695,615	25	1,686,327,890
	26	Total liabilities. Add lines 17 through 25	1,734,234,204	26	1,874,666,609
se:		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Juc	27	Unrestricted net assets		27	
100 100 100 100 100 100 100 100 100 100		Temporarily restricted net assets		28	
=		Permanently restricted net assets		29	
un.		Organizations that do not follow SFAS 117, check here ▶			
or F		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
Assets	2 3 4 5 5 6 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 22 24 25 26 29 30 31 32 33	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
As	32	Retained earnings, endowment, accumulated income, or other funds	141,710,854	32	148,716,717
Net	33	Total net assets or fund balances	141,710,854	33	148,716,717
~	34	Total liabilities and net assets/fund balances	1,875,945,058	34	2,023,383,326

# Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
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 Consolidated basis 🔽 Both consolidated and separated 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)

# Software ID: Software Version:

**EIN:** 35-0702986

Name: TEACHERS CREDIT UNION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and I	Independ	ent C	ontr	acto	ors					
(A) Name and Title	(B) Average hours per		tion ( hat a	chec	)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
Vince Henderson Board Member	2	Х						14,656	0	0
Shirley Golichowski Board Member	2	X						12,126	0	0
William Schlundt Board Member	2	X						21,941	0	0
Dan Bates Committee Member	1	Х						4,350	0	0
Bernard Diedrich Committee Member	1	Х						3,050	0	0
Blaine Gamble Committee Member	1	х						450	0	0
William Hojnacki	2	Х						21,524	0	0
Vice-Chairman Jeanette Moeller									0	0
Board Member	2	Х						16,673	0	0
Roger Thornton Board Member	2	X						20,970	0	0
Juan Manıgault Board Member	2	X						12,612	0	0
John Myers Board Member	2	X						13,640	0	0
Derrick Toran Committee Member	1	Х						2,800	0	0
Jenny Kline Committee Member	1	X						2,400	0	0
Alfred Bıas Secretary	2	Х						23,779	0	0
Peggy Soderberg Committee Member	1	X						600	0	0
David Sage Chairman	4	Х						21,710	0	0
Karol Griffin Sr VP Branch Operations	45			X				165,621	0	31,800
David Dodge Chief Lending Officer	45			X				223,907	0	47,039
Valerie Miller VP General Counsel	45			X				242,241	0	36,533
Amy Sink Sr VP and CFO	45			X				240,433	0	24,107
Richard Rice President & CEO	45			X				628,820	0	50,264
Kevın Butterbaugh Sr VP of Info Technology	45			X				194,822	0	33,567
Paul Marsh Sr VP Sales/Marketing	45			X				185,254	0	25,206
Greg Danner Sr VP Affiliated Business	45			X				181,051	0	28,666
Richard Nettesheim Executive VP - COO	45			Х				284,847	0	55,901

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Agent TCU Insurance

Compensated Employees, and	Tildebell	uent C	JUILL	acı	LUIS					
(A) Name and Title	(B) A verage hours	II.	(( ition ( that a	(che		Ш		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> 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
Waylon Peterson Sr V P Investments - Trust	45			Х				178,218	0	21,394
Bud Bonner President TCU Insurance	45				X			177,707	0	34,648
Jeneen Crane Assistant Vice President TCU Investment Services	45					x		127,328	0	11,517
Mark Noeldner Vice President Commercial Lending	45					x		133,337	0	26,684
Paul Schaefer Financial Planner TCU Investment Services	45					x		162,500	0	25,656
Randal P Kalman TCU Insurance Agent	45					×		128,731	0	18,569
Panayotis Xouris Agent TCU Insurance	45					Х		220,042	0	37,832

# Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for Loan Loss	18,938,472			
Franchise Tax	151,638			
Equipment Maintenance	33,703			
CU Service/Loan Service	8,791,687			
Professional Outside Services	573,633			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319057150

OMB No 1545-0047

Inspection

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**ICUPAC** 

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B	
▶ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))  Complete Part II-B  Do not complete Par If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Iine 35a (regarding proxy tax	
From Solice (19), (5), or (6) organizations. Complete Part III	i), tileli
Name of the organization Employer identification numb	er
TEACHERS CREDIT UNION  35-0702986	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization	on.
Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2 Political expenditures \$	13,862
3 Volunteer hours	0
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955   \$	
2 Enter the amount of any excise tax incurred by organization managers under section 4955   \$	
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	∏ No
4a Was a correction made?	∏ No
b If "Yes," describe in Part IV	
Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).	
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  \$	0
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	13,862
· · · · · · · · · · · · · · · · · · ·	· ·
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$	13,862
4 Did the filing organization file Form 1120-POL for this year?	√ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which paym were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of p	
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segre	
fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	
(a) Name (b) Address (c) EIN (d) A mount paid from (e) A mount	of political
filing organization's contributions	
funds If none, enter - and promp O- directly deliv	
separate p	political
organization organization	•

35-2034543

PO Box 503406

Indianapolis, IN 46250

13,862

0

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).										
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,							
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals					
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)								
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)								
c	Total lobbying expenditures (add lines 1a and 18	b)									
d	Other exempt purpose expenditures										
e	Total exempt purpose expenditures (add lines 1	c and 1d)									
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir									
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00							
	Over \$17,000,000	\$1,000,000									
		•									
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)									
h	Subtract line 1g from line 1a If zero or less, enter	er -0-									
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -									
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No					
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five					
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı					
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total					
2a	Lobbying non-taxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
c	Total lobbying expenditures										
d	Grassroots non-taxable amount										

	edule C (Form 990 or 990-EZ) 2009					age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has Note (election under section 501(h)).	OT fi	led F	orm	5768	3
		(a	1)		(b)	
		Yes	No	'	A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	V olunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$ , section $50$	01(c	)(5),	or s	ectio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		ſ	1	1.00	-110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		ŀ	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		•	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 50	01(c	)(5).	or s	ectio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P	art IV Supplemental Information					
	implete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	Part	II-B, Iır	ne 11		
	so, complete this part for any additional information		_ ,			
	Identifier Return Reference Explanati	ion	-		-	

Schedule C, Part I-A, Line 1 SchC\_P1A\_S00\_L01 The credit union purchases coints of american from the Indiana Credit Union League Fundraising effors are then used for lobbying on behalf of credit unions within the state

DLN: 93493319057150

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization TEACHERS CREDIT UNION

**Employer identification number** 

			35-0	702986		
Pai			unds d	or Accounts.	Complet	e if the
	organization answered "Yes" to Form 99	· · · · · · · · · · · · · · · · · · ·	,	<b>b)</b> Funds and at	haraccum	<u></u>
1	Total number at end of year	(a) Donor advised funds	,	) i ulius aliu ot	.ner accoun	
	·					
	, , ,					
	,					
5	funds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes	☐ No
6					☐ Yes	┌ No
Par	<b>Conservation Easements.</b> Complete	ıf the organızatıon answered "Yes" t	o Form	າ 990, Part IV	, lıne 7.	
1	Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality process.	on or pleasure) Preservation of an Preservation of a G	certified	d historic struct	•	ı
	easement on the last day of the tax year					
	Total number of concernation excements		3-	Held at the	End of the	Year
a L						
b	organization answered "Yes" to Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other accounts of continuous to (during year) gargeages contributions to (during year) gargeage grants from (during year) gargeage value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised unds are the organization inform all grantees, denors, and donor advisors in writing that grant funds may be sed only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose soffering impermissible greate benefit  Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  Preservation of land for public use (e.g., recreation or pleasure) Preservation of antivaria habit and preservation of natural habit and preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation assements Preservation of open space  Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation assements  Fotal acreage restricted by conservation easements  Cotal number of conservation easements an a certified historic structure included in (a)  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year   Number of conservation easements included in (a) acquired after 8/17/06  Number of conservation easements included in (b) acquired after 8/17/06  Number of conservation easements included in (c) acquired after 8/17/06  Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga					
C _ı		` '				
d -		· · · · · · · · · · · · · · · · · · ·				
3	the taxable year -	rred, released, extinguished, or terminate	ed by th	e organization o	luring	
4	Number of states where property subject to conserva	ation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	☐ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents du	uring the year 🕨		
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during	the year ► \$ _		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	balance sheet, and include, if applicable, the text of t	he footnote to the organization's financial				
Part			or Oth	ner Similar <i>A</i>	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or research	ch in fur			,
b	· · ·	oublic exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990. Part X					
2		orical treasures, or other similar assets fo	or financ			
_				3 ., p		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	<b>Titl</b> Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	res, or O	the	<u>r Similai</u>	ASSE	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	nat are	a significa	nt u	se of its co	llection	ו	
а	Public exhibition		d	$\Gamma$	Loan or	rexch	nange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	v the	/ further	the o	rganızatıon	's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	),	
	Part IV, line 9, or reported an ar											
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?		-			ions o	r other ass	ets r	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	able		_	I				
_								_		A mou	int	
с	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							<b>1f</b>				
а	Did the organization include an amount on Fe	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	1										
a	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior \	/ear	<b>(c)</b> Two	Years Back	(d)	Three Years E	Back (e	)Four Ye	ears Back
	Beginning of year balance									_		
b	Contributions									_		
C	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
_	•											
Ь		ı										
c a	Term endowment ► %  Are there endowment funds not in the posse	ssion of the organiz	ation t	that s	ro bold :	and a	dministoro	d for	tho			
a	organization by	ssion of the organiz	ation	ciia c	ire ireiu i	and a	ummsteret	1 101	tile		Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization							•		3b		
•	Describe in Part XIV the intended uses of th											
'aī	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, Pa	irt X, line	<u>10.</u>				
	Description of investment				Cost or ot		( <b>b)</b> Cost or ot basis (othe		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
а	Land		•			0	6,698	,356			(	5,698,356
b	Buildings					0	34,143	,834	11,2	00,561	22	2,943,273
c	Leasehold improvements					0	2,003	,435	1,8	31,544		121,89
d	Equipment					0	41,362	,269	32,4	86,576	8	3,875,693
e	Other					0		0		0		(

38,639,213

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
Financial derivatives		Cost of the o	- year market value
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	,		
		13	
Part VIII Investments—Program Related. See			od of valuation
(a) Description of investment type	(b) Book value		od of valuation f-year market value
NCUSIF	14,224,659		C
Capital Deposits	16,309,746		<u>c</u>
Capital Deposits	10,309,740		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	30,534,405		
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip			(b) Book value
O ther Assets			7,187,214
Repo Assets			6,836,693
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 1			14,023,907
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Cashier Checks	5,306,382		
Other Liabilities	5,072,959		
Member Shares	1,675,948,549		
<u> </u>	2,2.2,2,0,0,0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1,686,327,890		
, , , , , , , , , , , , , , , , , , , ,	1,000,021,090		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	133,922,519
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	127,074,589
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,847,930
4	Net unrealized gains (losses) on investments	4	-1,457,087
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	1,615,020
9	Total adjustments (net) Add lines 4 - 8	9	157,933
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,005,863
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	130,386,155
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
е	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	130,386,155
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 3,417,388		
Ь	Other (Describe in Part XIV)		
_ C	Add lines <b>4a</b> and <b>4b</b>	4c	3,536,364
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	133,922,519
1 1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	per	123,538,225
-	statements	1	123,338,223
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	123,538,225
4	A mounts 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 3,417,388	1	
b	Other (Describe in Part XIV)	4	
С	Add lines <b>4a</b> and <b>4b</b>	4c	3,536,364
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	127,074,589

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

# Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	The Credit Union is subject to a franchise tax imposed by the State of Indiana on net income after regulatory reserve transfers and certain other adjustments. Federal income taxes are not provided for the Credit Union in the consolidated financial statements since the Credit Union is exempt by statute. The Credit Union is subject to taxation on unrelated business income. The Credit Union adopted the generally accepted accounting principles related to accounting for uncertain tax positions on January 1, 2009. As a result, the Credit Union has not identified any uncertain tax positions that it believes should be recognized in the consolidated financial statements. The Credit Union's tax years still subject to examination by taxing authorities are years subsequent to 2006.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	\$1,501,074 is related to the equity from the merger with Unicorp Federal Credit Union There is also \$113,946 that is included from the membership fees received
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	Management Fees for CUSOs \$86,520 Net Rental Expense of CUSOs \$27,170 Core Deposit Intangible \$5,285
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	Management Fees for CUSOs \$86,520 Rent Expense for CUSOs \$27,170 Core Deposit Intangible \$5,285

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493319057150

OMB No 1545-0047

Open to Public Inspection

## 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.

Name of the organization TEACHERS CREDIT UNION

**Employer identification number** 

			35-0702986			
Pa	rt I Questions Regarding Compensation	on				
					Yes	Νo
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ride any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	▼ Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u>  -                                   </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b	Yes	
2	Did the organization require substantiation prior to	reimburs	sing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executiv	ve Directo	or, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organiza	ition iises	to establish the compensation of the			
_	organization's CEO/Executive Director Check all		·			
	✓ 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	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol paymen	nt?	4a		Νo
ь	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-	based co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and j	provide th	ne applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only n	nust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		
ь	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 Accompensation contingent on the net earnings of	A, 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 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 in Part III		·	8		
9	If "Yes" to line 8, did the organization also follow t	the rebutt	able presumption procedure described in Regulations			

#### 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	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and		(E) Total of columns	<b>(F)</b> Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Kevın Butterbaugh	(ı) (ıı)	145,477 0	47,925 0	1,420 0	27,242 0	6,325 0	228,389 0		
Greg Danner	(ı) (ıı)	133,995	45,901 0	1,155 0	20,111	8,555 0	209,717		
David Dodge	(ı) (ıı)	165,312 0	57,633 0		36,676 0	10,363 0	270,945 0		
Karol Griffin	(ı) (ıı)	120,515 0	43,387 0	1,718 0	23,385 0	8,415 0	197,420 0		
Paul Marsh	(ı) (ıı)	136,240 0	48,799 0		17,065 0	8,141 0	210,460 0		
Valerie Miller	(ı) (ıı)	178,740 0	58,365 0	5,136 0	32,933 0	3,600 0	278,77 <b>4</b> 0		
Richard Nettesheim	(ı) (ıı)	205,048	69,544 0	10,255	46,284 0	9,617 0	340,748 0		
Waylon Peterson	(ı) (ıı)	114,216 0	59,738 0	4,265 0	12,523	8,871 0	199,613 0		
Richard Rice	(ı) (ıı)	422,827 0	181,797 0	24,196 0	41,915 0	8,349 0	679,084 0		
A my Sınk	(ı) (ıı)	178,141 0	61,784 0	507 0	20,087 0	4,020 0	264,539 0		
Bud Bonner	(ı) (ıı)	162,329 0	13,833	1,545 0	26,241 0	8,407 0	212,355 0		
Paul Schaefer	(ı) (ıı)	34,407 0	128,093	0	19,035 0	6,621 0	188,156 0		
Panayotis Xouris	(ı) (ıı)	0	216,086 0	3,957 0	27,904 0	9,928	257,875 0		
Mark Noeldner	(ı) (ıı)	124,545 0	0		1	10,241	151,218 0		

### 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
	1 '	When traveling to annual meetings and conferences spousal expenses are covered for executive management. There are annual country club dues that are paid for the members of executive management.
SchJ_P01_S00_L03	1	The orgainization uses an independent consulting agency for the compensation of executive management. There is a written contract that includes the terms and agreements of the CEO salary and that agreement is then approved by the board of directors.
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	There is a 457 plan in place for the Chief Executive Officer, Richard Rice There was \$15,500 contributed during 2009 for the 457 plan

Schedule J (Form 990) 2009

DLN: 93493319057150

OMB No 1545-0047

#### 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.

Open to Public Inspection

Name of the organization	Employer identification num
TEACHERS CREDIT UNION	
	35-0702986

Part I	Excess Benefit Transactions (section 501(c)(	3) and section 501 (c)(4) organizations only).	
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 25a or 25b, or Form 990-EZ, Part V, I	line 40b
1	(a) Name of disqualified person	( <b>b</b> ) Description of transaction	(c) Corrected

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	or fro	oan to om the zation?	(c)Original principal amount	(d)Balance due						(g)Written agreement?  Yes No
	То	From			Yes	No	Yes	No	Yes	No
TCU Board and Management Mortgage/Auto		X	2,356,446	2,065,409		Νο	Yes		Yes	

Total									Þ	;	\$ 2,065,409	

#### Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . .

(a) Name of interested person

(b)Relationship between interested person and the organization

(c)A mount of grant or type of assistance

#### **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Project Future	TCU CEO Richard Rice serves as board member	20,000	Pledge for 5 year campaign		No	
WNIT	TCU CEO Richard Rice serves as board member	51,651	Media Advertising for Teachers Credit Union		No	
Indiana Credit Union League	TCU CEO Richard Rice serves as board member	5,842	ICUL puts on seminars and events that TCU employees attend		No	
ServiceCorp	Sr VP Karol Griffin serves as board member	877,699	Shared branching transactions		No	
Procura	Amy Sınk serves as a Board Member	116,358	Interchange rebate for purchasing card		No	
YWCA of St Joseph County	Sr VP CFO Amy Sınk serves on board	5,000	Sponsorship for 2009		No	

OMB No 1545-0047

2009

Open to Public Inspection

# **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Supplemental Information to Form 990** 

► Attach to Form 990.

Name of the organization TEACHERS CREDIT UNION

**Employer identification number** 

35-0702986

ldentifier	Return Reference	Explanation
F990_P01_S00_L09	Form 990, Part I, Line 9	Program service revenue increased from 2008 reporting year due to a change in classification of revenue. Other fee income and other operating income are both included on line 9 and no longer included under other income in line 11.
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	All members are considered equal and have one vote based on voting requirements
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Board members are elected based on the policy of the credit union and board
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The 990 is prepared within the corporate Accounting Department and then is reviewed with an external audit firm. It is then reviewed by the CFO and Vice President of Accounting/Finance before presented to the board of directors. Any significant changes are presented to the board and reviewed.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	TCU reviews the conflict of interest policy annually with all members of the Board of Directors, Senior Executives, Vice Presidents, and Assistant Vice Presidents. All persons in these job classifications are required to complete a disclosure form with regard to accounts held, active loans and any additional outside occupations. These documents are submitted for review to the Director of Administration. Policy includes steps to avoid conflict of interest and if changes occur regarding potential conflicts of interest, it is the responsibility of the director, committee member, or employee to reports such changes to the proper channel.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	An independent consulting agency is used to calculate and compare management's compensation. For the CEO, there is a written contract for term and salary. The CEO salary must then be approved by the board of directors.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The governing documents are available upon request. The conflict of interst policy is reviewed by management annually and is available upon request.
SchL_P02_S00_L00	Schedule L, Part II	All loans to executive management, officers, and board of directors are approved and reviewed during committee meetings. Individual loan detail is available upon request

ldentifier	Return Reference	Explanation
SchL_P04_S00_L00	Schedule L, Part IV	The transactions for members of executive management that serve on related organization's boards are for precessing services or pledges to annual campaigns to service oriented agencies

DLN: 93493319057150

Open to Public

Inspection

OMB No 1545-0047

# **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

TEACHERS CREDIT UNION

01-0867566

South Bend, IN 46601 35-1939838

▶ 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.

**Related Organizations and Unrelated Partnerships** 

**Employer identification number** 

35-0702986

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

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
TCU Travel LLC 110 South Main St South Bend, IN 46601 41-2045412	Travel Agency	IN	197,719	198,186	Teachers Credit Union
TCU Agency LLC 110 South Main St South Bend, IN 46601 30-0012071	Insurance Agency	IN	737,343	7,264,860	Teachers Credit Union
TCU Lending Agency LLC 110 South Main St South Bend, IN 46601	Indirect Lending Agency for Autos	IN	534,645	1,502,398	Teachers Credit Union

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>D)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d</b> ) Exempt Code section	(e) Public charity status (if section 501(c)(3))	( <b>T)</b> Direct controlling entity	
TCU Foundation						
110 South Main St	Funding of community involvement for credit	IN	501(C)(3)	Private Foundation	Teachers Credit Union	
Courth Bond IN 46601	union					

(j)

General or

managing

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

al (d)
cile Direct controlling
or entity
gn

(e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

**(f)** Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations? ai

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)

hedule K-1 partner? form 1065)

Yes No

Yes

No

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

(3)

(4)

(5)

(6)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Fo	Offit 990, Part IV, line 34, 33, or 30.)			
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations	s listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b	Yes	<u> </u>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<b>1</b> c		No
<b>d</b> Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		Ne
f Sale of assets to other organization(s)		1f		No
g Purchase of assets from other organization(s)		<b>1</b> g		Ne
h Exchange of assets		1h		No
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
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)		11		No
m Sharing of facilities, equipment, mailing lists, or other assets		1m		N
n Sharing of paid employees		1n		No
• Reimbursement paid to other organization for expenses		10		No
<b>p</b> Reimbursement paid by other organization for expenses		1p		No
<b>q</b> O ther transfer of cash or property to other organization(s)		1q		No
r Other transfer of cash or property from other organization(s)		<b>1</b> r		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	covered relationships and transaction thresh	olds		
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	( Amount	c) involve	ed
(1) TCU Foundation	b		13	3,24
(1) See Additional Data Table (2)				
<b>\-</b> /				

## 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