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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

		pplicable Pleas	C Name o	f organization	-01-2009	and ending 12-31-2	2009		D Employer	identi	fication number	
_	Iress ch	· · · · · · · · · · · · · · · · · · ·	RS COVUING	ge Credit Union					39-0945			
∏ Nar	me cha		or Doing bo	usiness As					E Telephone			
Init	ial retu		fic Number		ox if mail is	not delivered to street ad	Idress) Roon	n/suite	(715) 62 G Gross recei			
	mınate	d tions	1 /2.3 0111	Avenue PO Box 107					u 01033 10001	різ ф ч	3,432,030	
	ended			own, state or country, WI 544090107	, and ZIP +	4						
App	olication	n pending										
			Name and ad UG ANDERS	dress of principal ON	officer		H(a)	Is the	s a group ret	urn fo	or □ Yes 🔽 No	
		72	3 SIXTH AVE					aiiiiia	les.			
			ITIGO,WI 54	1409			Н(b)		l affiliates inc			
Ta:	x-exem	npt status	501(c) (14) ৰ (ınsert no)	'(a)(1) or		H(c)		o," attach a l ip exemption		ee instructions) per ► 2157	
J W	ebsit e	:► WWW CO	VANTAGECU	ORG								
		-	<u> </u>	st Association Of	ther ►		L Ye	ar of fo	rmation 1953	M St	ate of legal domicile WI	
Pa		Summary		ation's mission or		6						
Governance		THRIFT AMO	NG ITS MEME	BERS, CREATE A	SOURCE	CORPORATED UND OF CREDIT AT A FA EIR ECONOMIC AN	AIRAND	REASC	NABLE COS			
30Ve	2	Check this ho	x ┣─ ıf the or	ranization discont	tinued its	operations or dispos	sed of more	than	25% of its n	et ass	ets	
	3		,			VI, line 1a)					·ets	
Activities &	4					g body (Part VI, line				_	8	
ጀ	5	Total number	ofemployees	(Part V , line 2a)							240	
र्	6									6 _		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 .									7a _	87,383	
	b	Net unrelated	business taxa	able income from F	Form 990-	-T, line 34				7b	-6,521	
								Prio	r Year		Current Year	
ā	8 Contributions and grants (Part VIII, line 1h)								25 6 27 0 90	+	41.352.010	
Rayenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line							35,637,089	+	41,352,919 2,979,918	
<u> </u>	11								42,565	+	51,142	
	12								· · · · · · · · · · · · · · · · · · ·			
	42								39,470,998	3	44,383,979	
	13 14										0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-										
Expenses		10)	·	, , ,			8,845,194	1	9,461,638			
क्	16a	Professional	fundraising fe	es (Part IX, colum	nn (A), line	e 11e)				-	0	
ठ	b			IX, column (D), line 2	· ·	-						
	17				11f-24f)		25,407,025			29,486,385		
	18 19	•				, column (A), line 25	-	34,252,219			38,948,023	
<u>জু</u>	19	Revenue les	s expenses 3	ubtract fille 18 flo	Jili lille 12	· · · · · ·		5,218,779 Beginning of Current		1	5,435,956 End of Year	
Not Assets or Fund Balances	20	Total accets	(Part Y line 1	16)					ear 565,550,631		784,162,658	
d B	21			e 26)					592,656,353	+	705,173,431	
200	22		-	es Subtract line 2					72,894,278	+	78,989,227	
Pai	t II	Signatur	Block				<u> </u>		•	•	<u> </u>	
						urn, including accompany r (other than officer) is b						
Sign			,			,		1	<u> </u>		-	
Here		****** Signature of	officer					2010- Date	08-10			
		DOUG ANDERSON CFO										
			t name and title									
		Preparer's		0.0		Date	Check if		Preparer's ide		g number	
Paid		signature	MICHAEL R VESEL	. CPA		2010-08-10	self- empolyed	• 🗀	(see instructi	ons)		
•	arer's			I LLP			ı	-	EIN Þ			
Use (Only	if self-employed), address, and ZIP + 4 PO BOX 8010							- EIN F			
		WAUSAU, WI 544028010							Phone no 🕨	(715)	845-3111	
May t	he IR	S discuss this			above? (s	ee instructions) .				F	Yes No	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's miss	SSIO
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A COOPERATIVE, NONPROFIT CORPORATION, INCORPORATED UNDER WISCONSIN STATE LAW TO ENCOURAGE THRIFT AMONG ITS MEMBERS, CREATE A SOURCE OF CREDIT AT A FAIR AND REASONABLE COST, AND PROVIDE OPPORTUNITY FOR ITS MEMBERS TO IMPROVE THEIR ECONOMIC AND SOCIAL CONDITIONS

2	_	ndertake any significa 990-EZ?		• .		∕es
	If "Yes," describe the	se new services on Sc	hedule O			
3	Did the organization c	ease conducting, or m			cts, any program	Yes 🔽 No
	If "Yes," describe the	se changes on Schedu	le O			
4		d 501(c)(4) organızatı	ons and section 4947	7(a)(1) trusts are r	est program services by exp equired to report the amount vice reported	
4a	(Code) (Expenses \$	15,749,560 ıncludır	g grants of \$) (Revenue \$)
	THESE TOUGH ECONOMIC ACCOUNTS WHEN MANY STILL MAINTAINED, WHIC	C TIMES AS OF DECEMBER OTHER FINANCIALS DROPP CH HELPED MANY IN TIMES	31, 2009, COVANTAGE W ED SIGNIFICANTLY AS THI OF HARDSHIP MEMBERS	AS STILL PAYING AN AI E ECONOMIC CONDITION WERE NOT ONLY ABLE	AY DIVIDEND RATES THAT ARE ABON NNUAL PERCENTAGE RATE OF 1 50% DNS CHANGED OUR MINIMUM BALA TO RECEIVE THE BENEFIT OF HIGH PATRONAGE PAYMENT AGAIN IN 200	6 ON REGULAR SHARE NCE OF ONLY \$10 WAS ER THAN AVERAGE RATES
4b	(Code) (Expenses \$	1,580,554 includin	g grants of \$) (Revenue \$)
	BY GOING ABOVE AND BE OVERDRAFT PROTECTION ADDITION TO CREDIT CA	YOND TO HELP THOSE IN N N LOANS WITH NO SERVICE	EED WE CONTINUE TO O CHARGE OR TRANSFER F ATE OF 8 95% OTHER LOV	FFER COST-FRIENDLY EE, COURTESY PAY CH W-COST OPTIONS INCI	INLY DO THIS THROUGH OUR COMP OPTIONS TO PAYDAY LENDERS SUC HECKING ACCOUNT SERVICES ALSO LUDE OUR OWN PAYDAY ADVANCE L	H AS KWIK CASH WITHOUT HEFTY FEES, IN
4c	(Code) (Expenses \$	ıncludıng	g grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Sche	edule O)			
	(Expenses \$	ınclu	ıdıng grants of \$) (Revenue \$)
4e	Total program servic	e expenses►\$	17,330,114			

Part IV	Checklis	t of I	Reauired	Schedules

			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		N o
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? 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	Yes	
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	ļ	ļ	ı
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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? <i>If</i> "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		N o
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> " <i>Yes," complete Schedule G, Part I</i>	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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

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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		Νo
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		Νo
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		No
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		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		Νo
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
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		No
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	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		Νο
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	

Form 990	(2009)		Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance		
		Yes	No

			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			
ь	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?	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			
h	return			
	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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-	V	
ь	return?	3a 3b	Yes Yes	
4a	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		Νο
b	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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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		
5a	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		
7	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
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		
	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		
8	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		
9	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		
10	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			
11	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)			
12a	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			

723 SIXTH AVE ANTIGO, WI 54409 (715) 627-4336

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	ction A. Governing Body and Management			
			Yes	No
1_	Enter the number of voting members of the governing body			
1a b	Enter the number of voting members of the governing body 1a 8 Enter the number of voting members that are independent 1b 8			
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		Νο
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	Yes	
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	
b	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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	-		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
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		Νο
b	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		
	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 orda	nızatıor	ı ▶ -
	BRIAN PRINTY PRESIDENT CEO	9 4		-

Part VII 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 n	ot compens	ate any	curre	nt o	r for	mer of	ficer	, dırector, trustee o	r 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 <i>o</i> r 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
THOMAS BRADLEY CHAIRPERSON	3 00	Х						2,500	0	0
ROBERT MACINTOSH VICE-CHAIRPERSON	2 00	Х						2,400	0	0
CHARLES DALLAS SECRETARY	2 00	х						2,400	0	0
WILLIAM P NOVAK TREASURER	2 00	Х						2,400	0	0
JANELLE MARKGRAF DIRECTOR	2 00	х						2,400	0	0
DWIGHT NELSON DIRECTOR	2 00	х						2,400	0	0
BENJAMIN ZELAZOSKI CREDIT COMMITTEE	2 00	х						2,400	0	0
DAVID VISSER DIRECTOR	2 00	х						2,400	0	0
BRIAN PRUNTY PRESIDENT CEO	40 00			Х		х		272,738	0	37,943
PAUL GRINDE EXECUTIVE VP	40 00			Х				161,416	0	29,105
ROBERT VAN ABEL CHIEF OPERATIONS OFFICER	40 00			х				159,645	0	21,792
DOUG ANDERSON CHIEF FINANCIAL OFFICER	40 00			х				125,405	0	29,109
STEVE WILDER VP COMMERCIAL LENDING	40 00			х				119,751	0	14,159
SHERRY AULIK VP HUMAN RESOURCES/MARKE	40 00			Х				108,888	0	22,563

16				Page 8
ID	Total	0		154,671
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 6			
			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> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	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	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
S	ection B. Independent Contractors			
1	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 Comper	
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 >0			(2009)

Form 99			_					Page 9
Part V	/1111	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
茅茅	1a	Federated cam	paigns 1a					
턴	ь	Membership du	es 1b					
કે. a∰	c	Fundraising eve	ents 1c					
≢ੂ≅	d	Related organiz	rations 1d					
žŒ.	e	Government grants	s (contributions) 1e			ļ		
afi er s	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above					
	g	Noncash contri	butions included in					
Contributions, gifts, grants and other similar amounts	h			🕞				
				Business Code				
enti	2a	INTEREST ON LOAM	NS	522,100	32,931,585			32,931,585
Program Serwce Revenue	ь	OTHER INCOME		524,298	3,970,979	3,916,466	54,513	
	c	SERVICE FEES		522,100	2,401,540	2,394,682	6,858	
že Z	d	CREDIT AND DEBI	ΓCARD	522,200	2,048,815	2,022,803	26,012	
<u> </u>	e							
<u> </u>	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a – 2f		41,352,919			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	3,098,294			3,098,294	
	4		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	51,142	51,142		
	5	Royalties	(1) Pool	(II) Personal	51,142	51,142		
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental inco	me or (loss)					
	<u> </u>		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other		990,335				
	ь	than inventory Less cost or		1,108,711				
		other basis and sales expenses						
	c	Gain or (loss)		-118,376	110.276			110 276
	d 8a		rom fundraising		-118,376			-118,376
Other Revenue		events (not inc \$	luding s reported on line 1c)					
÷ حد		,	a					
ţ.	b		penses b					
0	C		(loss) from fundraising (events F				
	9a	See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gamıng actıv	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	С		(loss) from sales of inve					
		Miscellaneous	s Revenue	Business Code				
	11a							
	Ь							
	C	A 11 - + 1-						
	d e		ue s 11a-11d					
	e	iotal. A du lines	3 11a-11u					
	12	Total revenue.	See Instructions	▶	44,383,979	8,385,093	87,383	35,911,503
					,_ 33,3,3	-,3,033	-1,555	,,,

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.									
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). C									
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations 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	1,121,814							
6	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	6,214,394							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	402,967							
9	Other employee benefits	1,174,427							
10	Payroll taxes	548,036							
11	Fees for services (non-employees)								
а	Management								
b	Legal	14,486							
c	Accounting	137,896							
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees								
g	Other	5,549							
12	Advertising and promotion	923,541							
13	Office expenses	1,371,883							
14	Information technology	284,637							
15	Royalties								
16	Occupancy	504,408							
17	Travel	92,286							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	58,382							
20	Interest	32							
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,044,435							
23	Insurance	4,316,585							
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	DIVIDENDS PAID ON MEMBE	15,749,560							
b	PROVISION FOR LOAN LOSS	1,925,000	 						
c	LOAN SERVICING EXPENSE	1,580,554							
d	OPERATION EXPENSE	1,155,514							
e	OTHER THAN TEMP LOSS ON	321,637							
f	All other expenses	, ==							
25	Total functional expenses. Add lines 1 through 24f	38,948,023							
26	Joint costs. Check here ► ☐ If following SOP 98-2	20,310,023							
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet						
-					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			5,688,185	1	4,514,837	
	2	Savings and temporary cash investments	43,248,037	2	67,317,371			
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees	s, key	employees, and				
		highest compensated employees Complete Part II of						
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and				
S		Schedule L				6		
ssets	7	Notes and loans receivable, net	•		541,303,455	7	596,044,074	
Ass	8	Inventories for sale or use				8		
•	9	Prepaid expenses and deferred charges			2,934,781	9	3,096,827	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	22,475,347				
	ь	Less accumulated depreciation	10b	5,572,995	17,192,910	10c	16,902,352	
	11	Investments—publicly traded securities			45,083,960	11	84,620,506	
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11		13	_			
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	10,099,303	15	11,666,691			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			665,550,631	16	784,162,658	
	17	Accounts payable and accrued expenses .			1,582,064	17	1,740,593	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Schedul	le D			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lie		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D	591,074,289	25	703,432,838			
	26	Total liabilities. Add lines 17 through 25	592,656,353	26	705,173,431			
J.		Organizations that follow SFAS 117, check here ▶ ┌ and comp	olet e l	lines 27				
92		through 29, and lines 33 and 34.						
lar	27	Unrestricted net assets				27		
Fund Balance	28	Temporarily restricted net assets		28				
pu	29	Permanently restricted net assets				29		
교		Organizations that do not follow SFAS 117, check here ▶ ▽ ar	nd con	nplet e				
٥		lines 30 through 34.			0	_	0	
Assets	30	Capital stock or trust principal, or current funds			0		0	
S.S.	31	Paid-in or capital surplus, or land, building or equipment fund						
	32	Retained earnings, endowment, accumulated income, or other fu	ınas		72,894,278		78,989,227	
Net	33	Total labelitate and not proceed found belonged.			72,894,278		78,989,227	
l	34	Total liabilities and net assets/fund balances			665,550,631	34	784,162,658	

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		Νo
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			
3а	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)

Additional Data

Software ID:

Software Version:

EIN: 39-0945701

Name: CoVantage Credit Union

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
DIVIDENDS PAID ON MEMBE	15,749,560			
PROVISION FOR LOAN LOSS	1,925,000			
LOAN SERVICING EXPENSE	1,580,554			
OPERATION EXPENSE	1,155,514			
OTHER THAN TEMP LOSS ON	321,637			

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

DLN: 93493228005090

OMB No 1545-0047

(Form 990)

Department of the Treasury

SCHEDULE D

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

Supplemental Financial Statements

Open to Public

erna	Revenue Service Attach to F	Form 990. ► See separate instructions.		TU	spection	уп
	ne of the organization antage Credit Union		Emp	loyer identification	number	
JUV	mage cieut onion		39-	0945701		
Pa	rt I Organizations Maintaining Donor A		ınds	or Accounts. Co	mplete	ıf th∈
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds		(b) Funds and other	account	
	Total number at end of year	(a) Donor advised funds	'	(b) Fullus allu otilei	account	5
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradv		Yes	
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	d donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an	y othe	r purpose		┌ No
a	t II Conservation Easements. Complete	e if the organization answered "Yes" to	Forn	n 990, Part IV, lır	ne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation 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	tion or pleasure)	ertıfıe	Г		
				Held at the End	of the Y	ear
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	-	2b			
C	Number of conservation easements on a certified hi	` '	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	Number of conservation easements modified, transfithe taxable year Number of states where property subject to conservation have a written policy regarding enforcement of the conservation easements it holds	vation easement is located F		·violations, and	Yes	⊏ No
	Staff and volunteer hours devoted to monitoring, ins		ents d	•		
	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easements	durin	g the year ► \$		
	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements of sec	tion	Г	Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•	s	
3 li	Organizations Maintaining Collectic Complete if the organization answered		or Ot	her Similar Ass	ets.	
а	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h ın fu			
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ir				
	(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, his following amounts required to be reported under SFA		r fınan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		
	, ,					

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>tori</u>	<u>cal Treas</u>	ures, or C)the	r Similar Ass	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing that a	ire a significa	ant u	se of its collecti	on	
а	Public exhibition		d	Γ	Loan or ex	change prog	rams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	y further the	organızatıor	n's ex	empt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an					n answere	d "Y	es" to Form 99	9 0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontributions	or other ass	ets r		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing ta	able	Г		A m	ount	
c	Beginning balance						1c			
d	Additions during the year					<u> </u>	1d			
e	Distributions during the year					<u> </u>	1e			
f	Ending balance					-	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X line	e 212			L		Г	Yes	
	If "Yes," explain the arrangement in Part XIV		C 2 1 ·					,	103	, 110
	rt V Endowment Funds. Complete		n ans	were	ed "Yes" to	Form 990	Par	t IV line 10		
	Endownient Fands: Complete	(a)Current Year		Prior \		wo Years Back			(e)Four Y	ears Back
1a	Beginning of year balance									
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	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 a	as		•			_		
а	Board designated or quasi-endowment 🕨	%								
Ь	Permanent endowment 🕨 %									
c	Term endowment ► %									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	are held and	admınıstere	d for	the 	Yes	No
	(i) unrelated organizations						•	3a(i		<u> </u>
_	(ii) related organizations							3a(i	- 	<u> </u>
	If "Yes" to 3a(II), are the related organizatio	·					•	<u>3b</u>		<u> </u>
4	Describe in Part XIV the intended uses of th	-				Dawk V. Juna	10			
Раг	t VI Investments—Land, Buildings	s, and Equipme	<u>πτ. 5</u>			T '				
	Description of investment) Cost or other is (investment			(c) Accumulated depreciation	(d) Bo	ok value
1a	_and				3,026,90	4				3,026,904
b	Buildings		•		13,899,43	1		2,194,448	1	1,704,983
c	_easehold improvements									
d	Equipment				4,767,84	5		3,092,292		1,675,553
	Other				781,16			286,255		494,912
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	, line	10(c).) .			•	1	6,902,352
								Schedule D	(Form 9	90) 2009

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(including name or security) Financial derivatives		Cost of end-of-year market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	
(a) Description of investment type	(b) Book value	(c) Method of valuation
.,	,_, · · · · · · · · · · · · · · · ·	Cost or end-of-year market value
Table (Oaking (b) about a single and a singl		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	. 15	
Part IX Other Assets. See Form 990, Part X, line (a) Descript		(b) Book value
(a) Descript		(D) Dook value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	.)	
Part X Other Liabilities. See Form 990, Part X,		· I
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
SHARE DRAFTS	79,720,461	
REGULAR SHARES	153,937,726	
MONEY MARKET SHARES	147,090,815	
SHARE CERTIFICATES	234,628,419	
IRA/KEOUGH ACCOUNTS	88,055,417	

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	44,383,979
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	38,948,023
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,435,956
4	Net unrealized gains (losses) on investments	4	504,073
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	154,920
9	Total adjustments (net) Add lines 4 - 8	9	658,993
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,094,949
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	44,383,979
2	Amounts 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		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	44,383,979
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	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	44,383,979
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	38,948,023
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	38,948,023
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		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	38,948,023
	t 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 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
		PART XI, LINE 8 THE AMOUNT OF \$154,920 IS FROM AN
		ADDITION TO EQUITY FROM OTHER COMPREHENSIVE INCOME PART XII, LINE 4b LOSS ON SALE OF
		INVESTMENT - \$321,637 PART XIII, LINE 2d LOSS ON
		SALE OF INVESTMENT - \$321,637

DLN: 93493228005090

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

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

Open to Public

terrial Neverlue Service	Attach to Form 990. F See separate instructions.		Tillabe	Cuo	
Name of the organization CoVantage Credit Union		Employer identif	ication nun	nber	
		39-0945701			
Part I Questions Regarding Co	mpensation				
				.,	T.,

		,			
1a	Check the appropriate box(es) if the organization provided any 990, Part VII, Section A, line 1a Complete Part III to provide				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	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 organizatio reimbursement orprovision of all the expenses described abo		1b		
2	Did the organization require substantiation prior to reimbursii officers, directors, trustees, and the CEO/Executive Director		2	Yes	
3	Indicate which, if any, of the following the organization uses to	o establish the compensation of the			
•	organization's CEO/Executive Director Check all that apply	o establish the compensation of the			
	Compensation committee	Written employment contract			
	☐ Independent compensation consultant ☐ ☐	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, or a related organization	Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment	7	4a		Νo
ь	Participate in, or receive payment from, a supplemental nong	ualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-based com	· •	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the	.			
_	Only 501(c)(3) and 501(c)(4) organizations only must comple				
5	For persons listed in form 990, Part VII, Section A, line 1a, c compensation contingent on the revenues of	did the organization pay or accrue any			
а	The organization?		5a		
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, line 1a, c compensation contingent on the net earnings of	lid the organization pay or accrue any			
а	The organization?		6a		
Ь	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, line 1a, payments not described in lines 5 and 6? If "Yes," describe i		7		
8	Were any amounts reported in Form 990, Part VII, paid or ac subject to the initial contract exception described in Regs se in Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebuttab section 53 4958-6(c)?	ole 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	. ,		. ,	. ,	<u> </u>			
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
BRIAN PRUNTY	(1) (11)	272,738 0	0	0	19,600 0	18,343 0	310,681 0	o 0
PAUL GRINDE	(I) (II)	151,254 0	10,162 0	0 0	13,246 0	15,859 0	190,521 0	0
ROBERT VAN ABEL	(I) (II)	152,052 0	7,593 0	0 0	4,217 0	17,575 0	181,437 0	0 0
DOUG ANDERSON	(1) (11)	125,405 0	0 0	0	10,532 0	18,577 0	154,514 0	0 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

Schedule J (Form 990) 2009

OMB No 1545-0047

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. ► Attach to Form 990.

Supplemental Information to Form 990

Name of the organization CoVantage Credit Union

Employer identification number

39-0945701

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	COVANTAGE CREDIT UNION ADOPTED A FIRST-TIME HOMEBUYERS PROGRAM THIS PROGRAM WAS INITIATED BASED ON THE ECONOMIC STIMULUS PROGRAM INTRODUCED BY THE GOVERNMENT WHICH ALLOWED QUALIFYING FIRST-TIME HOMEBUYERS TO RECEIVE UP TO AN \$8,000 TAX CREDIT WITH THE PURCHASE OF THEIR FIRST HOME MUCH LIKE THE TAX CREDIT REQUIREMENTS, MEMBERS MUST NOT HAVE OWNED A HOME WITHIN THE PAST THREE YEARS AND HAVE BEEN PURCHASING A SINGLE FAMILY HOME AS THEIR PRIMARY RESIDENCE IN ADDITION, THEY MUST HAVE ALSO MET OUR OTHER UNDERWRITING REQUIREMENTS TO BETTER ASSIST OUR MEMBERS, QUALIFYING BUYERS WERE ELIGIBLE FOR A SINGLE-PAY NOTE UP TO 9 5% OF THE PROPERTY VALUE OR \$7,600 OF THE \$8,000 BEING OFFERED BY THE GOVERNMENT, WHICHEVER WAS LESS THIS NOTE WAS THEN DUE UPON RECEIVING THE CREDIT FROM THE GOVERNMENT EVEN WHEN THIS TAX CREDIT INCENTIVE ENDS, WE WILL CONTINUE OFFERING THE FIRST-TIME HOMEBUYERS PROGRAM, SIMPLY ELIMINATING THE STIMULUS MORTGAGE LOAN INCENTIVE
Form 990, Part VI, Section A, line 6		COVANTAGE CREDIT UNION IS OWNED AND OPERATED BY ITS 58,624 MEMBERS AND A VOLUNTEER BOARD OF DIRECTORS A SAVINGS ACCOUNT WITH A MINIMAL \$10 DEPOSIT MEETS THE REQUIREMENT OF BEING A MEMBER-OWNER JUST AS LONG AS THEY MEET ONE OF THE OTHER MEMBERSHIP REQUIREMENTS SUCH AS RESIDING IN THE CHARTERED AREA, A FAMILY MEMBER IS ALREADY A MEMBER, ARE A MEMBER OF SERVO FS COOPERATIVE IN ANTIGO, OR ARE A STUDENT/ALUMNI OF A POST-SECONDARY SCHOOL IN MARATHON COUNTY OUR MEMBER-OWNERS BENEFIT FROM BELONGING TO COVANTAGE THROUGH LOWER LOAN RATES, HIGHER SAVINGS RATES, FEWER FEES, IN ADDITION TO THE INTRODUCTION OF NEW PRODUCTS AND OTHER INCENTIVES
Form 990, Part VI, Section A, line 7a		THE BOARD OF DIRECTORS ARE ELECTED BY THE MEMBERSHIP UTILIZING THEIR ONE VOTE PER MEMBER
Form 990, Part VI, Section A, line 7b		THE MEMBERS WOULD NEED TO APPROVE DECISIONS SUCH AS CHANGE OF NAME OR A MERGER DECISION
Form 990, Part VI, Section B, line 11		THE BOARD OF DIRECTORS WAS PRESENTED WITH A COPY OF FORM 990 AT A MONTHLY BOARD MEETING, WHICH ALLOWED THEM TO REVIEW IT AT THIS TIME ALSO
Form 990, Part VI, Section B, line 12		THE CREDIT UNION OPERATES IN A SMALL ENOUGH ENVIRONMENT THAT THEY WOULD BE AWARE OF ANY CONFLICTS THAT WOULD ARISE
Form 990, Part VI, Section B, line 15		THE PROCESS OF DETERMINING COMPENSATION FOR OFFICERS INCLUDING PAUL GRINDE, DOUG ANDERSON, STEVE WILDER, ROBERT VAN ABEL, SHERRY AULIK AND BRIAN PRUNTY (ALSO CEO), INCLUDE AN ANNUAL COMPARABILITY SURVEY BASED OFF OF DATA FROM OTHER CREDIT UNIONS OF SIMILAR ASSET SIZE TO COVANTAGE THIS DATA IS USED TO CREATE AN INDUSTRY AVERAGE FOR EACH POSITION THE MIDPOINT OF OUR PAYGRADE IS TARGETED TO BE COMPARABLE TO THAT INDUSTRY AVERAGE THESE SURVEYS ARE COMPLETED ANNUALLY, BEGINNING IN SEPTEMBER/OCTOBER THE NEW SALARY AMOUNTS ARE THEN APPROVED BY THE BOARD IN NOVEMBER FOR THE UPCOMING YEAR SALARIES ARE THEN ADJUSTED ON EACH INDIVIDUAL'S ANNUAL REVIEW DATE FOR THOSE INDIVIDUALS LISTED, THIS PROCESS WAS LAST COMPLETED IN 2008 FOR THE 2009 CALENDAR YEAR
Form 990, Part VI, Section C, line 19		COVANTAGE CREDIT UNION MAKES ITS GOVERNING DOCUMENTS, IN ADDITION TO ITS CONFLICT OF INTEREST POLICY, AVAILABLE TO THE PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE BY VIEWING THE NCUA 5300 CALL REPORT OR BY OBTAINING AN ANNUAL STATEMENT BROCHURE AVAILABLE IN THE LOBBIES OF ALL COVANTAGE CREDIT UNION BRANCHES

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT

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

Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93493228005090

OMB No 1545-0172

Department of the Treasury

See separate instructions. ► Attach to your tax return. Sequence No 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number CoVantage Credit Union Form 990 Page 10 39-0945701 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 250.000 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 800.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 **15** Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) **Section A** 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 1.044.435 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (e) Convention (f) Method (business/investment property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property c7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L h Residential rental 27 5 yrs ΜМ S/L property 27 5 yrs ММ S/L MMS/L i Nonresidential real property MMS/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-vear 40 vrs ММ S/L Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0 **Summary** (see instructions) 21 Listed proper 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 1.044.435 and on the appropriate lines of your return Partnerships and S corporations—see instructions 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See	the i	nstruci	ions fo	r limi	ts fo	r pa	ssenge	er au	tomol	iles.)
24a Do you have evidend	e to support	the business/in	vestment u	ise claimed	d? ┌Yes	Гпо		24	lb If "Yes	s," is the	e evic	dence	written?	Гүе	sГn	D
(a) Type of property (list vehicles first)	y (list Date placed in investment Cost o			(e) Basis for depreciation (business/investment use only)			(f) (g) Recovery Method/ period Convention			(h) Depreciation/ deduction				(i) Elected section 179 cost		
25Special depreciation allow	· ·		erty placed	ın service (during the	tax year	and u	ısed more	than	25						
50% in a qualified busin	•								I	25						
26 Property used more	than 50%	in a qualified %	business	use	1			l	1	1						
		%								1						
		%														
27 Property used 50%	or less in a		iness us	е	_											
		%							S/L - S/L -					_		
		%						S/I						-		
28 Add amounts in co	lumn (h) lir		ıh 27 En	ter here a	and on lu	ne 21	nage	1 -		28						
29 Add amounts in co		•				, ,	5-		L	1			29			
29 Add amounts in co	iuiiiii (1), iiiii		ction B			. on II		f Vah	icles				29			
Complete this section	for vehicles									" or re	lated	d pers	son			
If you provided vehicles to y														e vehic	les	
30 Total husiness/inv	estment mi	les driven du	rına the		a)		b)		(c)	l	(d)		(e	•		
	30 Total business/investment miles driven during the year (do not include commuting miles)			Vehi	Vehi	Vehicle 2		Vehicle 3		Vehicle 4		Vehicle		e 5 Vehicle		
										_						
31 Total commuting m																
32 Total other persona	al(noncomm	nuting) miles	drıven													
33 Total miles driven through 32	during the y • • •	ear Add line	s 30													
34 Was the vehicle av	aılable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No
during off-duty hou	rs?															
35 Was the vehicle used primarily by a more than 5% owner or related person?																
36 Is another vehicle available for personal use?																
Sectio	n C—Oue	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv T	hei	r En	volan	ees	1	
Answer these question 5% owners or related p	s to determ	ine if you me	et an exc												not mo	re thar
37 Do you maintain a vemployees?	written polic	y statement	that prof	nibits all	personal	use of	vehi	cles, in	luding o	ommı •	ıtıng •	, by y	our •	Y	es	No
														<u> </u>		
38 Do you maintain a very employees? See th		•														
39 Do you treat all use	of vehicles	by employe	es as pei	sonal us	e? .											
40 Do you provide more vehicles, and retain				oyees, ol	btaın ınfo	ormatio •	n froi	m your	employe	es abo	ut th	he us	e of the			
41 Do you meet the re				automobi	le demor	nstratio	n us	e? (See	ınstruc	ions)						
Note: If your answe	er to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	covere	dvehic	les					
Part VI Amortiz																
		(b)	(c)			7.41			(e)							
(a) Date Description of costs amortization begins			A mortizable			((d) Code Section A mortiza period percents			or A morti				ization for s year		
42 A mortization of cos	te that has		ur 2000	tay year	(see inc	truction	٦ς١		I bei	11164	,~					
TE A INCIDIZACION OF COS	- ca chac beg	ms during ye	1	tun year	(266 1112	1	13)				$\overline{}$					
						-+			_		+					
											+					
43 A mortization of cos	_					•	•			4						
44 Total. Add amounts	s ın column	(f) See the I	nstructio	ns for wh	ere to re	port				4	4					