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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)

2009

Form 990 (2009)

(0-13

Open to Public Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2009 calendar year, or tax year beginning and ending Please Chack if applicable C Name of organization D Employer identification number use IRS NORTHERN COMMUNITIES CREDIT UNION Address change label or 41-0225925 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 218-279-3200 3311 West Arrowhead Road Specific Termination City or town, state or country, and ZIP + 4 5,384,052 G Gross receipts \$ Instruc DULUTH 55811 Amended return tions. MN F Name and address of principal officer Application pending H(a) Is this a group return for Larry Champeaux affiliates? Yes No 3311 West Arrowhead Road DULUTH MN 55811 If "No." attach a list (see instructions) X 501(c) (14) ◀ (insert no) 4947(a)(1) or Tax-exempt status 527 www.northerncommunitiescu.com H(c) Group exemption number ▶ Type of organization X Corporation 1928 Trust Association Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities To promote member success by meeting their changing financial needs. 010 2 L I NUN GENNADS 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 5 Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-1, line 342 7b Prior Year **Current Year** Š 8 Contributions and grants (Part VIII, line 1h) NOV 08 2010 5,042,123 5,217,602 Program service revenue (Part VIII, line 2g) 148,657 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 209,119 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 5,251,242 5,366,259 12 Total revenue - add lines 8 through 11 (must equal Part 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,624,608 1,738,593 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 4,057,740 4,498,037 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 5,682,348 6,236,630 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -431,106 -870,371 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 72,791,245 71,455,467 20 Total assets (Part X, line 16) 791,153 21 Total liabilities (Part X, line 26) 66,256,559 6,534,686 5,664,314 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge , and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and belief at is true, correg Sign Here Signature of o icer Date PRESIDENT Champ'eaux Type or print name and title Preparer's identifying number Check if Preparer's (see instructions Paid signature 10/30/10 BRENT WOOKEY, CPA employed > P00062439 Preparer's EIN **Use Only** Firm's name (or yours if self-employed), Phone address, and ZIP + 4 no May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

-om 990 (2009) NORTHERN COMMONITIES CREDIT UNION 41-022	0925	Page 2
Part III Statement of Program Service Accomplishments		
1 Briefly describe the organization's mission		
To promote member success by meeting their changing	financial need	ls.
2 Did the organization undertake any significant program services during the year which were not listed	on	
the prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O		103 [3] 110
·		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program		
services?		Yes X No
If "Yes," describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest program servi	ices by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the	amount of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a (Code) (Expenses \$ including grants of \$) (Revenue \$	
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available for our members. We opened 602 new depos		
accounts in 2009. As of $12/31/09$ we had $7,416$ members	ers.	
4b (Code.) (Expenses \$ including grants of \$) (Revenue \$	1
The credit union has several types of loan programs		,
available for our members. We funded 4,305 new loa		
	ms	
during 2009. As of 12/31/09 we had 6,527 loans to		
members.		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
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4d Other program services. (Describe in Schedule O)		
- Value program convices. (Decombe in concedic C)		
(Expenses \$ including grants of \$) (Reven	ue \$)

Part IV Checklist of Required Schedules

1 is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule B, Schedule G Contributors? 2 is the organization required to complete Schedule B, Schedule G Contributors? 3 Did the organization required to complete Schedule C, Part III 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part III 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic and areas, or histonic attenuations of "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 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 VI 9 Did the organization report an amount for fund, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 1 Is the organization report an amount for investments—organization report an amount for investments—organization report an amount for other asserts 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 X VII					Yes	No
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If "Yes," complete Schedule G, Part III	19					
·	-			19		x
	20	·		20		X
					990	

Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	İ		
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	l		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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 lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
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	ا . ا		
_	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 3a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25-		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25a		
	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	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			*******
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
22	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
J J	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
07	III, IV, and V, line 1	34		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 1		
	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		<u>x</u>
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		<u> </u>
		Ear	agn	(2000)

	990 (2009) NORTHERN COMMUNITIES CREDIT UNION 41-0225	925			P	age :
	art V Statements Regarding Other IRS Filings and Tax Compliance		-		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			F	res	NO
-	U.S. Information Returns. Enter -0- if not applicable	1a	2192			t
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		1	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable				Ī
	gaming (gambling) winnings to prize winners?			1c	x	1
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	2a	50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	15?		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)			Ī		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by			1	
	this return?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncıal				
	account)?			4a		X
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 B	ank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?		5b_		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar	ding				
	Prohibited Tax Shelter Transaction?			5c		
6a	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s 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 go	ods				
L	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,				
A	required to file Form 8282?	امحا		7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per benefit contract?	Soliai		70		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	42		7e 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	26		19		
	required?	us		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		
0	Section 501(c)(7) organizations. Enter	_				
а	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	10b				
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them	اعمدا		[]	1	

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b

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

Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body	1a 9			
b	Enter the number of voting members that are independent	1b 9	\neg		<u>l</u>
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		\neg		
	any other officer, director, trustee, or key employee?		2	<u> </u>	x
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	d?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members				
	of the governing body?		7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following				
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X
Sec	ction B. Policies (This Section B requests information about policies not required by the In	ternal			
Rev	venue Code.)				
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		X
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	L	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the				
	form?		11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	rise to conflicts?		12b		
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		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	X	
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	X	
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, 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		X_
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		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere	st			
	policy, and financial statements available to the public				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e			
	organization. ► LARRY CHAMPEAUX 3311 WEST ARROWHEAD	-			
ומ	m.m. MN 5581	1 2	18-27	9-3	201

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 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, and 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

(A) Name and Title	(B) Average	Posi	tion (C) k all i	that ap	nniv)	(D) Reportable	(E) Reportable	(F) Estimated
indine dile inde	hours per week	Individual trustee or director	Institutional trustee	Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Clarence Manz										
Director	0.50	X				 		795	0	C
Grant Forsyth					ŀ					_
Vice Chair	0.50	X				\sqcup		777	0	
Patti Maguire										_
Secretary	0.50	X				\square		646	0	C
John Stark										_
Director	0.50	X						623	0	C
Dick LeDoux										_
Director	0.50	X						608	0	
Bob McCubbin		l								
Director	0.50	X			ļ			585	0	
Charles Schumache					İ			450		
Chair	0.50	X			ļ			478	0	0
Jim Kroll	0.50							0.45		_
Director	0.50	X			<u>.</u>			345	0	<u> </u>
John Lindquist										
Director	0.50	X		_	ļ			254	0	
Carol Barnstorf		l						100		_
Director	0.50	X			<u> </u>	\sqcup		182	0	
Rene Selleck		l						4.04		_
Director	0.50	X				\sqcup		104	0	
Larry Champeaux	40.00							22 4 2 2		
President	40.00	 	<u> </u>	X	<u> </u>			80,133	0	11,343
Kenneth Dahlberg	40.00							60 460		45 005
VP of Lending	40.00			X	<u> </u>			63,422	0	15,385
Jamie Carlson	40.00							50 444	_	
VP of Finance	40.00	\perp	_	X	<u> </u>	$\vdash \vdash$		53,444	0	24,142
Brenda Schneuer	40.00							50 B00		40.000
VP of Operations	40.00	-	-	X		\vdash		50,739	0	10,000
					l					

_	_		_	_	_	_	_	_	_
л	1	_	റ	2	2	ᄃ	a	2	5
-2	_	_	u	_	_	_	_	Z	

P₽	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			i age (
	(A) Name and Title	(B) Average			((C)	hat a		(D) Reportable	(E) Reportable	Estu	F)	
	•	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compe fror organ and	unt of her insation in the ization elated zations	
			ļ 										
													
45	T-A-1								052 125				070
1b 2	Total number of individuals (in			_	hose	liste	ed ab	ove	253,135) who received more than \$	6100,000 in		ου,	870
	reportable compensation from											Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line	complete Schedi	ıle J	for s	such	ındı	/idua	ıl			3	1	X
	the organization and related or individual	ganizations grea	ter th	nan \$	150	,000	? If "	Yes	," complete Schedule J for s		4		х
5 —	Did any person listed on line 1a services rendered to the organ	ızatıon? If "Yes,"									5		х
1	tion B. Independent Contractor Complete this table for your five compensation from the organize	e highest compe	nsate	ed in	depe	ende	nt co	ontra	actors that received more th	an \$100,000 of			
		(A) business address							Descript	(B) lion of services		(C) ompens	ation
					_			_		 		_	
													
					<u> </u>								
_	Total number of set		1						- Laterdards - No. 1				
2 DAA	Total number of independent of more than \$100,000 in comper		_				i to t	nose	e listed above) who received	o) (2009)

		III Stater	<u>nent of Reve</u>							
		•					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	4-	Fodorated as-	· · · · · · · · · · · · · · · · · · ·			- 1		revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants	la L	Federated can		1a						
₽,E	0	Membership d		1b						
ifts	ن ا	Fundraising ev		1c						
9,r	a	Related organ		1d						
Sign		Government grants All other contribution	•	1e						
the	•		s not included above	1f						
di	_		ns included in lines 1a-							
S E	9	Total. Add line		·11 • Þ						
<u>•</u>	-"	Total. Add line	55 1a-11		ъ.	ısn. Code				
eun	2a	LOAN IN	mp p p c m		<u> </u>	isii. Code	3,796,030	3,796,030		
Se	b		FEES/CHARGE	e	-	+	802,030	· · · · · · · · · · · · · · · · · · ·		
8	C		RECAPITLIZAT		ZEATT -		412,501	412,501		
ē	d	OTHER R		ION REV	'ENU		205,416			
E	e		evenoe Ber atm fees		-	519100	1,625	203,410	1,625	
gra	•		am service revei	3110	<u> </u>	713100	1,025		1,625	
옵	a			iue	_		5,217,602			
\neg	 ყ		come (including o	lvidende	interest :		3,217,002			······································
	Ŭ	other similar a		MAIGENGS	, iiileiesi, i	**************************************	166,450			166,450
	4		nvestment of tax-	evemnt h	nond proce	· · ·				100,430
	5	Royalties	modified of tax	OXOMPT L	oona prooc	.003				- ,
			(ı) Real		(II) Pers	onal				
	6a	Gross Rents	. , , , , , , , , , , , , , , , , , , ,		(.,,					
	b	Less rental exps								
	C	Rental inc or (loss)								
1	d	Net rental inco					i			
ĺ		Gross amount from	(i) Securities		(II) Oth					
		sales of assets other than inventory			`					
	b	Less cost or other								
	_	basis & sales exps			1	7,793				
	С	Gain or (loss)				7,793				
	d	Net gain or (los	ss)		•	<u> </u>	-17,793	-17,793		
	8a	-	m fundraising even	ts	-		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
92		(not including \$								
Ş.			eported on line 1c)							
Other Rever		See Part IV, line	•	a						
훒	b	Less direct ex		ь		\Box				
0			(loss) from fund:	aising ev	ents	•	1		1	
			m gaming activities						•	
		See Part IV, line		а						
	b	Less direct ex		ь						
			(loss) from gamı	ng activit	ies	▶				
	10a	Gross sales of	inventory, less							······································
		returns and alle	•	a						
	b	Less cost of g		ь						
		-	(loss) from sales	of inven	tory	▶]	
Ī			ellaneous Revenue			sn. Code				
Ì	11a]			
	b									
	C								·	
		All other reven	ue							
ŀ	е	Total. Add line	s 11a-11d		<u> </u>	•	·			
	12	Total Revenue	e. See instruction	18.			5,366,259	5,198,184	1,625	166,450

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

	All other organizations must		re not required to comp		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u>.</u>	1 . 7	· , ,,, · , · , · , · , · , · , · , ·
·	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,				······,
3	_				
	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,	050 105			
	trustees, and key employees	253,135			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 4 4 4 4 4			
7	Other salaries and wages	1,061,413			
8	Pension plan contributions (include section 401(k)	_			
	and section 403(b) employer contributions)	49,443			
9	Other employee benefits	279,712			
10	Payroll taxes	94,890			
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,315			
C	Accounting				· ·
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<u> </u>	
g	Other	17,130			
12	Advertising and promotion	104,266			
13	Office expenses	1,002,017			
14	Information technology	288,211			
		200,211			
15	Royalties	167,545	· -·		
16	Occupancy	107,343			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	24 F.CO			
19	Conferences, conventions, and meetings	24,560	· · · · · · · · · · · · · · · · · · ·		
20	Interest	1,051			
21	Payments to affiliates	000 501			
22	Depreciation, depletion, and amortization	270,521			
23	Insurance	54,167			
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	WRITE OFF MBR UNTD CAPITA	758,000			
b	DIVIDENDS-SHARES/DEPOSITS	668,000			
С	PROVISION FOR LOAN LOSS	618,974			
d	NCUSIF STABILIZATION EXP	510,280			
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,236,630			
26		0,200,000			
40	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and]	
DAA	fundraising solicitation			<u>. </u>	Form 990 (2009

Part X **Balance Sheet** (B) (A) Beginning of year End of year 580,086 1,031,459 Cash-non-interest bearing 7,311,323 8,904,649 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 51,130,065 59,330,482 Notes and loans receivable, net 7 Inventories for sale or use 8 307,716 299,885 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 4,166,477 **b** Less accumulated depreciation 10b 742,215 2,294,381 2,424,262 10c 1,997,335 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 6,294,012 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 969,922 1,371,135 15 Other assets See Part IV, line 11 15 72,791,245 71,455,467 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 257,979 177,855 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 65,998,580 65,613,298 Other liabilities Complete Part X of Schedule D 25 66,256,559 65,791,153 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 6,534,686 5,664,314 32 Retained earnings, endowment, accumulated income, or other funds 32 6,534,686 5,664,314 33 Total net assets or fund balances 33 72,791,245 Total liabilities and net assets/fund balances 34 71,455,467

Form 990 (2009)

om	1 990 (2009) NORTHERN COMMUNITIES CREDIT UNION 41-0225925		Pa	ge 12
Pa	ert XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŀ
	Schedule O			1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 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?	2c		Ĺ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			ł
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			1
	issued on a consolidated basis, separate basis, or both			l
	Separate basis Consolidated basis Both consolidated and separate basis			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	i l		ĺ
	the Single Audit Act and OMB Circular A-133?	3a		1
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)

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.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization **Employer identification number** NORTHERN COMMUNITIES CREDIT UNION 41-0225925 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII. line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		COMMUNITIES				25925		Page
3							sets (con	itinued)
3	Using the organization's acquisition, accession collection items (check all that apply)	i, and other records, che	ck any of the followin	g that are	e a significa	nt use of its		
а	Public exhibition	d Loan	or exchange program	ns				
b	Scholarly research	e Othe	r				_	
C	Preservation for future generations						_	
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the organ	nization's	exempt pui	pose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	receive donations of art, be maintained as part of	historical treasures, of the organization's co	or other s	imilar		П	Yes N
Pa	Escrow and Custodial Arra IV, line 9, or reported an am			ation a	inswered	"Yes" to Fo	orm 990,	Part
1a	Is the organization an agent, trustee, custodiar			er assets	not			
	included on Form 990, Part X?	·						Yes N
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table				لحا	
							Amo	ount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21?						Yes N
	If "Yes," explain the arrangement in Part XIV	., ,						162 [] 14
	rt V Endowment Funds. Comple	ete if organization a	answered "Yes"	to Forn	n 990. Pa	rt IV. line 1	10.	
		(a) Current year	(b) Prior year	1	years back	(d) Three year		our years back
1a	Beginning of year balance					······		·······
b	Contributions							***************************************
c	Net investment earnings, gains,			·				
_	and losses							
d	Grants or scholarships			 	···			······································
	Other expenditures for facilities			<u> </u>	•••••			
•	and programs							
f	Administrative expenses							***************************************
g	End of year balance				·····			
2	Provide the estimated percentage of the year e	nd holonoo hold as:		i		<u> </u>	1	
a	Board designated or quasi-endowment	%						
	Permanent endowment > %	- ⁷⁰						
		of the	-4 b-1444		•			
Ja	Are there endowment funds not in the possessi	ion of the organization th	at are neid and admi	nisterea	tor the			<u></u>
	organization by (i) unrelated organizations						<u></u>	Yes No
	•						3a(
_	(ii) related organizations	-44					3a(
4	If "Yes" to 3a(II), are the related organizations II						<u>3t</u>	<u> </u>
4	Describe in Part XIV the intended uses of the o			0 D1	V C 4/			
ra	rt VI Investments—Land, Buildir						T	
	Description of investment	(a) Cost or other basis	(b) Cost or oth	1		umulated	(d) Bo	ook value
	1 1	(investment)	basis (other)		aepro	eciation	ļ	0.65 0.6
	Land			,315				367,31
	Buildings		2,217			<u>665,355</u>		<u>551,74</u> 2
	Leasehold improvements			,793		80,793		
	Equipment		1,501	,272		996,067		505,20
	Other	L						
Total	Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X, col	umn (B), line 10(c))				2,	424,26

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 NORTHERN COMMUNITIES		41-0225925	Page :
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-year	r market value
Financial derivatives		<u></u>	
Closely-held equity interests			
Other			
	-		
	-		
	_		
_ 	_		
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	
CD INVESTMENTS > 1 YEAR MATURITY	6,294,012		
	3/232/322		
			
			
	 		-
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	6,294,012		
Part IX Other Assets. See Form 990, Part X, line 15.	0,234,012	·····	
(a) Description			(b) Book value
(a) Description		-	(b) Book value
			
			_ .
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line			
1 (a) Description of liability	(b) Amount		
Federal income taxes			
MEMBER SHARES & DEPOSITS	65,320,687		
ACCRUED DIVIDENDS ON SHARES & DEPOSI			
OTHER LIABILITIES	16,932		
	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	65,613,298		
		at concern the	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga	mzation s imancial statements the	ir rehous me	
organization's liability for uncertain tax positions under FIN 48			

				_	
	t XI Reconciliation of Change in Net Assets from Form 990 to A				Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)	Auui	teu Filianciai Staten	1)
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	·
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts W	Vith Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	1		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		1 1	
d	Other (Describe in Part XIV.)	2d		1 1	
e	Add lines 2a through 2d		<u> </u>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1 1	
	Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per F	Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d	,		2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	rt XIV Supplemental Information				·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
	b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines	2d aı	nd 4b Also complete		
his p	art to provide any additional information				
	· 		. – – – – –		
			-		
			_		

Schedule D (Fo	orm 990) 2009	NORTHERN	COMMUNITIES	CREDIT	UNION	41-0225925	Page 5
Part XIV	Suppleme	ntal Information	n (continued)			<u> </u>	
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SCHEDULE O . (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization

NORTHERN COMMUNITIES CREDIT UNION

Employer identification number 41-0225925

Form 990, Part V, Line 3b - Form 990-T Not Filed Explanation The credit union will file the 990-T by the extended due date of November 15th.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization has members. To be a member, you must have a share (savings) account at the credit union.

Form 990, Part VI, Line 7a - Election of Members and Their Rights The Board of Directors is elected by the credit union members. Each member has one vote.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members A member vote is required for decisions which are beyond the authority of the Board of Directors. Items which require a membership vote are outlined and specified in our bylaws. Each member has one vote.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Board of Directors reviews and approves the President's compensation. This is noted in the Board minute.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Schedule O (Form 990) 2009

Page 2

Name of the organization

NORTHERN COMMUNITIES CREDIT UNION

Employer identification number

41-0225925

Financial statements are posted at each branch office for the members to review.

Forms 990-PF	Other Notes and Loans Receivable				
	For calendar year 2009, or tax year beginning	, and ending			

2009

Name

Employer Identification Number

•				'	Limpioyer ident	ilication Number
NORTHERN COMMUNI	41-0225925					
Form 990, Part X	K, Line 7 - 1	Additiona	l Information	\		
Nama	of hosens			5		
(1) MEMBER LOANS R	of borrower	 		Relationship to disqu	ialified person	
(2)				··· - ·		
(3)						
(4)		· · · · · · · · · · · · · · · · · · ·				
(5)						 -
(6)						
(7)						
(8)						
(9)						
(10)						
Original amount borrowed	Date of loan	Maturity date	Re	epayment terms		Interest rate
(1)						
(2)						
(3)						
(4)				-··		
(5)		.				
(6)					-	
(7)						
(8)	 					
(9) (10)			-			
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		•••••				***************************************
Security pi	rovided by borrower			Purpose of lo	oan	
(1)				···		
(2)	<u>-</u>					
(3)						
(4)				<u>, </u>		
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(6)						
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(9)		·				
(10)	7747		1,			
Consideration fu	rnished by lender		Balance due at beginning of year	Balance due at end of year	Fair n	narket value 190-PF only)
(1)		1-	59,330,482	51,130,06	55	Out only)
(2)				==,===,	-	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Totals			59,330,482	51,130,06	55	