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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the 2	2009 calendary	ear, or tax year beginning 0,	1-01-2009 and ending 12	2-31-2009			
B Ch€	eck if ap	pplicable Please	C Name of organization NOVATION CREDIT UNION				D Employer i	dentification number
- Add	lress cha	ange use IRS					41-08000	
— Nar	ne chan	nge print o	r Doing Business As				E Telephone	number
– _{Init}	ıal returi		Number and street (or P.O.	box if mail is not delivered to st	treet address)	Room/suite	(651) 739	
– Ter	mınated	Instruc tions.	500 Imperial Avenue		,	,	G Gross receip	ots \$ 5,437,305
– _{Am}	ended re	eturn	City or town, state or count	 rv. and ZIP + 4				
_		pending	Oakdale, MN 551287151	,,,				
App	nication							
			Name and address of principa ti Mukomela	ilofficer		H(a) Is thi affilia	s a group ret	urn for
		500	Imperial Avenue			aiiiia	tes	1 165 14 140
		Oak	dale, MN 55128			H(b) Are al	l affiliates incl	uded?
. Ta	v ovomi	nt status 💆 50		47/-1/41 - 5 5 5 2 7				st (see instructions)
. Ia	x-exem	pt status 🏴 50	1(c) (14) ◀ (insert no)	+/(a)(1) or 52/		H(c) Grou	ip exemption	number 🕨 0708
W	ebsit e:	: 🗠 www novati	on org					
(Forr	n of org	anization Corp	oration Trust Association	Other - Cooperative		L Year of fo	rmation 1954	M State of legal domicile
		_						MN
Pa	t I	Summary	. hl					
			the organization's mission of t Union is a not-for-profit fina			member ow	ners with com	petitively priced financia
		solutions includ	ling real estate and consume	er loans, credit cards, savi	ıngs, checkı			
sovemance		ATM/Debit Car	ds, ATMs, Online Banking, N	lobile Banking, Bill Pay an	id more			
₹								
Į.								
5	2	Check this box	▶ If the organization disco	ntinued its operations or o	disposed of	more than	25% of its ne	t assets
			ng members of the governing					3
o cantinad			pendent voting members of t					4
-	1		f employees (Part V, line 2a)		1, 11110 110,		•	5 2
3	1		f volunteers (estimate if nec					6
•			elated business revenue from		no 12			7a 240,339
		-	usiness taxable income from	, , , , , , , , , , , , , , , , , , , ,		•		7b -17,257
		Net difference b	daniesa taxable income non		•	Deia	r Year	Current Year
	8	Contributions	and grants (Part VIII, line 1	h)		PIIO	0	_
ā			ce revenue (Part VIII, line 1					_
Revenue	9	-	ce revenue (Part VIII, line 2 come (Part VIII, column (A)				5,013,713	
Ž.	10 11		e (Part VIII, column (A), line		· · · · · · · · · · · · · · · · · · ·		663,045	401,171
	12		—add lines 8 through 11 (mi		· · · · · · · · · · · · · · · · · · ·		- 0	
	12		-add files o tillodgil I (file				5,676,758	5,437,305
	13		nılar amounts paıd (Part IX,				0	0
	14	Benefits paid t	o or for members (Part IX, c	olumn (A), line 4)	[1,810,927	1,437,563
	15	Salaries, othe	r compensation, employee be	enefits (Part IX, column (A	(), lines 5–			
Expenses		10)					1,750,158	110,500
₹	16a	Professional f	undraising fees (Part IX, coli	ımn (A), line 11e)			0	0
置	ь	Total fundraising	expenses (Part IX, column (D), line	≥ 25) ► 0				
	17	Other expense	es (Part IX, column (A), lines	11a-11d, 11f-24f) .			2,512,517	4,517,730
	18		s Add lines 13-17 (must e				6,073,602	6,065,793
	19	Revenue less	expenses Subtract line 18 f	rom line 12			-396,844	-628,488
5 0 0							g of Current	End of Year
net Assets or Fund Balances	30	T-1-1 ' '	Don't V. Line 4.63		-	Y	ear	
8.0	20		Part X, line 16)		•		84,135,009	
# # # # # # # # # # # # # # # # # # #	21		s (Part X, line 26)				77,679,728	
	22		fund balances Subtract line	21 from line 20			6,455,281	5,826,793
Par	t II	Signature						No book for the state of
			f perjury, I declare that I have exa ue, correct, and complete Declarat					
		<u> </u>	•	· · · ·		•		•
Sign							11-11	
lere	•	Signature of o	fficer			Date		
		Sharon Hanse						
		Type or print i	name and title	<u> </u>				
		Preparer's		Date		ck ıf		ntifying number
Paid		signature			self- emp	oolyed • 🔽	(see instruction	nis)
wi W						•	1	
	arer's	Firm's name (or y	ours 👠					
	1	ıf self-employed),	•		'		EIN Þ	
repa	1		•				EIN Phone no	

Cat No 11282Y

Form **990** (2009)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Novation Credit Union is a not-for-profit financial cooperative providing 11,200 member owners with competitively priced financial solutions including real estate and consumer loans, credit cards, savings, checking, and investments. Additional services include ATM/Debit Cards, ATMs, Online Banking, Mobile Banking, Bill Pay and More

2	_	on undertake any significant 0 or 990-EZ?	program services during the year w		es ✓ No
	If "Yes," describe	these new services on Sche	dule O		
3	Did the organizati	• ,	e significant changes in how it cond		'es No
	If "Yes," describe	these changes on Schedule	0		
4	Section 501(c)(3) and 501(c)(4) organization	or each of the organization's three la s and section 4947(a)(1) trusts are revenue, if any, for each program se	required to report the amount	
4a	(Code) (Expenses \$	0 including grants of \$	0) (Revenue \$	0)
	Credit Union Program	ns Provided over 900 Vehicle, Hor	ne Equity, 1st Mortgages and other loans fo	r over \$12 million to member owners	(11,200 member owners)
	(Code) (Expenses \$	0 including grants of \$) (Revenue \$	0)
	Credit Union Program (11,200 member ov		ent opportunities, and Retirement Planning S	Services, including IRAs, at competitive	e rates to member owners
	(Code) (Expenses \$	0 including grants of \$) (Revenue \$	0)
	Credit Union Prograi owners)	ms Checking services that include	ATM, Debit Cards, Direct Deposit, online bar	nking, BillPay, and ACH to member ow	ners (11,200 member
4d	Other program s	ervices (Describe in Schedu	le \ensuremath{O}) See also Additional Data for	Description	
	(Expenses \$	0 includ	ing grants of \$	0) (Revenue \$	0)
4e	Total program se	ervice expenses►\$	0		

art IV Checklist of Required Schedules
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			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," complete Schedule D, Part III	8		No
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 quasiendownents? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No	ļ		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No

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		Νo
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
ь	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		Νo
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		Νο
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			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νo
С	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? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part IV	28c		Νo
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? <i>If</i> " <i>Yes,"</i> complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		Νο
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		Νο
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		Νo
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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?	38	Yes	

Part V	Statements	Regarding	Other II	RS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		-	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 3,975			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	2b		No
3a	Instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	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		No
Ь	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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
	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).	- -		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		
"	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			
	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			

Oakdale, MN 551287151

(651) 739-8080

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

Se	ection A. Governing Body and Management			
	<u></u>		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			
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		No
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	
ь	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	,,,	100	
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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		Νο
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		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	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	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		No
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		
Se	ection C. Disclosure	_00		
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			
19	Own website Another's website Vupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orda	nızatıor	n)
_=	Sharon Hansen 500 Imperial Ave	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 r	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
John McNamara Board Member	1 00	х						1,700	0	0
Shawn Schow Board Member	1 00	х						1,600	0	0
Matt Juhl Board Member	1 00	х						1,700	0	0
Greg Rehkamp Board Member	1 00	х						1,200	0	0
Rhonda Graves Board Member	1 00	Х						1,000	0	0
Ken Bozevich Board Member	1 00	Х						1,100	0	0
Dolf Moon Chairman	2 00	х						2,000	0	0
Mary Edinger Board Member	1 00	Х						900	0	0
Michael Amante Board Member	1 00	х						700	0	0
Kristi Mukomela President	50 00			х		х		122,217	0	14,686
Sharon Hansen Chief Financial Officer	50 00			х				79,521	0	0

For	n 990 (2009)			Page 8
1 b	Total	0		14,686
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 ►1			
			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 Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
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 Compe	
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 \(\mathbb{E}\)0			
		F	orm 99	0 (2009)

								Page 9
Part V	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated cam	paigns 1a	0				
윤	ь	Membership du	es 1b	0				
βğ	c	Fundraising eve	ents 1c	0				
¥E =	d	Related organiz	ations 1d	0				
%.E	e	Government grants	s (contributions) 1e	0				
<u>≅</u> .≅	f	All other contribution	ons, gifts, grants, and 1f	0				
bet Be		sımılar amounts no	ot included above butions included in					
# T	g	lines 1a-1f \$ _						
0 E	h	Total. Add lines	s 1a-1f	▶	О			
				Business Code				
ППе	2a	Real Estate Lendin	a	522,291	2,156,025	2,156,025	0	0
e Ke	ь	Depository Credit I		522,100	1,135,035	1,106,911	28,124	0
Other Revenue Contributions, gifts, grants and other similar amounts	c	Investment Center		523,000	154,718	0	154,718	0
5	d	Consumer Lending	<u> </u>	522,291	1,543,112	1,543,112	0	0
38	e	Insurance related a		· ·		1,545,112		0
Ē	ء ا		am service revenue	524,298	47,244	0	47,244	0
Ş	"	All other progra	im service revenue		0	0	U	0
	g	Total. Add lines	s 2a – 2f		5,036,134			
	3		ome (including dividend	 				
			ar amounts)		401,171	390,918	10,253	0
	4		tment of tax-exempt bond p	proceeds	0	0	0	0
	5	Royalties		() 5	0	0	0	
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	-	expenses Rental income	0	0				
	C	or (loss)	_	0				
	d	Net rental inco	me or (loss)					
	7a b	Gross amount from sales of assets other than inventory Less cost or	(i) Securities	(II) O ther				
		other basis and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gaın or (los	s)	▶				
nue	8a	Gross income f events (not inc \$	luding					
r Reve			reported on line 1c)					
÷.	ь	Less direct ex	penses b					
ō	С	Net income or (loss) from fundraising e	events 🟲				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 📂				
		Miscellaneous		Business Code				
	11a							
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	ι s 11a-11d					
				▶	0			
	12	Total revenue.	See Instructions	►	5,437,305	5,196,966	240,339	0

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must other organizations must complete column (A) but are not required to a	st complete all c	olumns.	(D)	
			(B)	(D).	(D)
	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 $$	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	1,437,563			
5	Compensation of current officers, directors, trustees, and key employees	11,900			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	70,104			
9	Other employee benefits	28,496			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management				
b	Legal	60			
c	Accounting	28,800			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g g	Other	0			
12	Advertising and promotion	103,169			
13	Office expenses	141,903			
14	Information technology	203,129			
15	Royalties	203,129			
16	Occupancy	233,938			
17	Travel	5,130			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,130			
19	Conferences, conventions, and meetings	5,026			
20	Interest	35,224			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	292,188			
23	Insurance	41,245			
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)	11,213			
а	Administaff Gross Service Fees	1,694,410			
b	ATM/Debit card and machine expense	236,275			
c	Members United Capital Depletion	621,925			
d	NCUA Premium Assessment	120,646			
e	Loan Servicing including Provision for Loan Loss	653,757			
f	All other expenses	100,905			
25	Total functional expenses. Add lines 1 through 24f	6,065,793	0	0	(
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm 990 (2009

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,146,235	1	1,011,519
	2	Savings and temporary cash investments			17,287,559	2	20,553,823
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		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		4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			60,415,946	7	57,532,488
8	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			82,552	9	68,779
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	6,049,238			
	ь	Less accumulated depreciation	10b	2,750,651	3,536,197	10c	3,298,587
	11	Investments—publicly traded securities			0	11	
	12	Investments—other securities See Part IV, line 11			0	12	
	13	Investments—program-related See Part IV, line 11	0	13			
	14	Intangible assets	0	14			
	15	Other assets See Part IV, line 11			1,666,520	15	1,833,108
	16	Total assets. Add lines 1 through 15 (must equal line 34)			84,135,009	16	84,298,304
	17	Accounts payable and accrued expenses .			228,820	17	343,935
	18	Grants payable				18	
	19	Deferred revenue				19	_
	20	Tax-exempt bond liabilities				20	
jes	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
1		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			2,000,000	23	0
	24	Unsecured notes and loans payable to unrelated third parties			250,000	24	0
	25	Other liabilities Complete Part X of Schedule D			75,200,908	25	78,127,576
	26	Total liabilities. Add lines 17 through 25			3 4 4 5 5 6 6 60,415,946 7 8 8 8 82,552 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	78,471,511	
S)		Organizations that follow SFAS 117, check here ▶ ☐ and comp	lete li	nes 27			
nce		through 29, and lines 33 and 34.				27	
<u> </u>	27	Unrestricted net assets					
Fund Balance	28	Temporarily restricted net assets					
ŭ	29	Permanently restricted net assets		_1_1		29	
		Organizations that do not follow SFAS 117, check here ► and an inner 30 through 34.	a com	piete			
s or	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund					0
ds s	32	Retained earnings, endowment, accumulated income, or other fu					5,826,793
Net /	33	Total net assets or fund balances					5,826,793
Ž	34	Total liabilities and net assets/fund balances			84,135,009		84,298,304
		The state of the s			1 3.,.55,566	7 T	1,,200,004

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)

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DLN: 93493315001390

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

rnal F	evenue Service	orm 990. ► See separate instructions.		<u></u>	nspect	1011
	e of the organization TON CREDIT UNION		Emp	loyer identification	n numbe	er .
1017	ION CREDIT ONION		41-	0800081		
ar	Organizations Maintaining Donor A		unds	or Accounts. C	omplet	e if the
	organization answered "Yes" to Form 99	T .		/L) Fddd		
	atal mussian at and afternan	(a) Donor advised funds	•	(b) Funds and othe	raccou	nts
	otal number at end of year					
	ggregate contributions to (during year) .ggregate grants from (during year)					
	ggregate grants from (during year) ggregate value at end of year					
	Old the organization inform all donors and donor advi unds are the organization's property, subject to the		or advi		Yes	┌ No
	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose _	_ Yes	┌ No
ar	II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Forn	n 990, Part IV, lı	ne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a c	ertifie	d historic structure		a
				Held at the End	d of the	Year
_	otal number of conservation easements		2a			
b	otal acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
	Number of conservation easements modified, transfer the taxable year Number of states where property subject to conservations the organization have a written policy regarding the conservation easements it holds.	ation easement is located F		·violations, and	Yes	∏ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year 🛌		
	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	durin	g the year ► \$		
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	Г	_ Yes	┌ No
	n Part XIV, describe how the organization reports coalance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial		•	es	
art	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Ot	her Similar As	sets.	
	f the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or research	h ın fu			·,
_	f the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii			•	
	i) Revenues included in Form 990, Part VIII, line 1			► \$		
	ii) Assets included in Form 990, Part X			► \$		
	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA		r finan	. —		
	Revenues included in Form 990, Part VIII, line 1	-		► \$		
				· +		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	ires, or O	<u>the</u>	<u>r Similar</u>	<u>Asse</u>	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	that ar	e a significa	nt u	se of its coll	ection	l	
а	Public exhibition		d	Γ	Loan	orexcl	hange progr	ams				
ь	Scholarly research		e	\vdash	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the c	organization	's ex	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Γ.	Yes	∏ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" b	es" to Forn	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	edıary	for c	ontribu	tions	or other ass	ets r	not	_	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mou	nt	
С	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L				Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990.	Par	t IV. line 1	0.		
		(a)Current Year		Prior `			o Years Back		Three Years Ba		Four Ye	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	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment 🕨 %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	dministered	l for	the			
	organization by								_		Yes	No
	(i) unrelated organizations							٠	_	3a(i)		<u> </u>
	(ii) related organizations							•	🖺	Ba(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					90 D:	art Y line	10				
ген	t vi investments—Land, buildings	s, and Equipme	iiit. J) Cost or	•	(b)Cost or of		(c) Accumula	tod.		
	Description of investment				is (inves		basis (othe		depreciation		(d) Bo	ok value
1a	Land		•			0		,956				899,956
	Buildings		•			0	-,	,046	91	4,328		2,136,718
c	Leasehold improvements					0		0		0		0
	Equipment			1		_	1 1 072	339	1 78	0,374		192,965
d	Equipment		•			0	1,973	,555	1,70	0,577		172,703
e	Other	<u> </u>				0	· · · · · · ·	,897	, , , , , , , , , , , , , , , , , , ,	5,949		68,948

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 1: T		d - £
(including name of security)	(b) Book value		d of valuation -year market value
Financial derivatives			
Closely-held equity interests			
Other			
-			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		1.3	
Part VIII Investments—Program Related. See	e Form 990, Part X, line		d of valuation
(a) Description of investment type	(b) Book value		d of valuation -year market value
			·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Description Other Assets	ne 15. Pition		1,833,108
Other Assets Other Assets Other Assets Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	ne 15. vition		
Other Assets Other Assets Other Assets Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)		1,833,108
Other Assets Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. vition		1,833,108
Other Assets Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares	5.) (b) A mount 12,840,121		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares	5.) (b) A mount 12,840,121		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Regular Shares Share Drafts	5.) (b) A mount 12,840,121 19,623,691		1,833,108

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

additional information

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L00		In light of the TAMS, the Credit Union has assessed its activities and any potential federal or state income tax liability. In the opinion of management, any liability arising from federal or state taxation of activities deemed to be unrelated to its exempt purposes is not expected to have a material effect on the Credit Union's financial position or results of operation

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Supplemental Information to Form 990

Name of the organization
NOVATION CREDIT UNION

Employer identification number

41-0800081

ldentifier	Return Reference	Explanation
F990_P01_S00_L05	Form 990, Part I, Line 5	Effective 01/01/2009, Novation Credit Union entered into a Client Service Agreement with Administaff Companies II, LP As a result, Administaff is the employer for the purpose of paying wages Administaff also remits all taxes and files all returns under their name & EIN 76-0689539 Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients
F990_P05_S00_L02a	Form 990, Part V, Line 2a	Effective 01/01/2009, NOVATION CREDIT UNION entered into a Client Service Agreement with Administaff Companies II, LP As a result, Administaff is the employer for the purpose of paying wages. Administaff also remits all taxes and files all returns under their name and EIN 76-0689539. Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients.
F990_P05_S00_L02b	Form 990, Part V, Line 2b	Effective 01/01/2009, Novation Credit Union entered into a Client Service Agreement with Administaff Companies II, LP As a result, Administaff is the employer for the purpose of paying wages Administaff also remits all taxes and files all returns under their name & EIN 76-0689539 Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Credit Union with 11,200 member owners
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Credit Union with 11,200 member owners elect the volunteer board members in an annual election
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Certain provisions of Credit Union Bylaw's require the approval of full membership
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The Form 990 is reviewed by management. Management and board discuss the process used to create the Form 990.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	A compensation committee review's survey data and progress on credit union goals and recommends CEO compensation changes to full board for approval. The CEO review's survey data and progress on credit union goals in determining key employee and other employee compensation. The services of Administraff are also used to align salaries in appropriate ranges.

	ldentifier	Return Reference	Explanation
F99	0_P06_S0C_L19	, , ,	Financial Statements are posted in the credit union lobby. Governing documents are available upon request

F990_P09_S00_L07 Form 990, Part IX, Line 7 Effective 01/01/2009, Novation Credit Union entered into a Client Service Agreement with Administaff Companies II, LP As a result, Administaff is the employer for the purpose of paying wages. Administaff also remits all taxes and files all returns under their name & EIN 76-0689539. Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients. F990_P09_S00_L10 Form 990, Part IX, Line 10 Effective 01/01/2009, Novation Credit Union entered into a Client Service Agreement with Administaff Companies II, LP As a result, Administaff is the employer for the purpose of paying wages. Administaff also remits all taxes and files all returns under their name & EIN 76-0689539. Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients. F990_P09_S00_L24a Form 990, Part IX, Line 24a - 24e Effective 01/01/2009, NOVATION CREDIT UNION entered into a Client Service Agreement with Administaff Companies II, LP. As a result, Administaff is the employer for the purpose of paying wages. Administaff also remits all taxes and files all returns under their name and EIN 76-0689539. Administaff is a PEO (Professional Employer Organization) and provides human resource services to their clients. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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
Administaff Gross Service Fees	1,694,410			
ATM/Debit card and machine expense	236,275			
Members United Capital Depletion	621,925			
NCUA Premium Assessment	120,646			
Loan Servicing including Provision for Loan Loss	653,757			

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Real Estate Lending	522,291	2,156,025	2,156,025	0	0
Depository Credit Intermediation	522,100	1,135,035	1,106,911	28,124	0
Investment Center	523,000	154,718	0	154,718	0
Consumer Lending	522,291	1,543,112	1,543,112	0	0
Insurance related activities	524,298	47,244	0	47,244	0

Additional Data

Software ID: Software Version:

EIN: 41-0800081

Name: NOVATION CREDIT UNION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 0 including grants of \$) (Revenue \$ 0)

Credit Union Programs Other Banking Services - Travelers Checks, Money Orders, and Wire Transfers - to member owners (11,200 member owners)