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Form **990**

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)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

benefit trust or private foundation)

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

For the 2009 calendar year, or tax year beginning 2009, and ending December 31 20 09 January 1 D Employer identification number C Name of organization Riverview Credit Union B Check if applicable use IRS Doing Business As 6031223 Address change label or Telephone number print or Number and street (or PO box if mail is not delivered to street address) Room/suite Name change type. 115 Hardman Avenue South 651) 224-4631 Initial return Specific City or town, state or country, and ZIP + 4 Instruc Terminated tions South Saint Paul, MN 55075 G Gross receipts \$ 245,480 Amended return F Name and address of principal officer Julia Havens Application pending H(a) Is this a group return for affiliates? Yes 115 Hardman Avenue South, South St Paul, MN 55075 H(b) Are all affiliates included? Yes No **☑** 501(c) (**14**) **⊲** (insert no) **□** 4947(a)(1) or **□** 527 Tax-exempt status If "No," attach a list (see instructions) Website: ▶ www.myrcu.com H(c) Group exemption number ▶ Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► Non-Profit L Year of formation M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 0 Number of independent voting members of the governing body (Part VI, line 1b) 5 5 Total number of employees (Part V, line 2a). 4 6 6 Total number of volunteers (estimate if necessary) 9 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7a b Net unrelated business taxable income from Form 990-T. line 34. 7h Current Year Contributions and grants (Part VIII, line 1h) . 227,557 209,842 Program service revenue (Part VIII, line 2g) . . . 30,236 23,820 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,314 11,818 SCANNED 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 269,107 245,480 13 Grants and smillar amounts paid Hayt IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee berrents (Part IX, column (A), lines 5-10)

16a Professional fundraising expenses (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,484 112,669 134,323 166,172 17'(must equal Part IX, column (A), line 25) 246,807 278,841 Revenue less expenses Subtract line 18 from line 12 22,300 33,361 or Beginning of Current Year End of Year 4,200,534 4,348,491 20 Total assets (Part X, line 16) . 3,228,009 3,409,327 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 939,164 972,525 Part II Signature Block Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here ure of officer Date resident or print name and title Check if Date Preparer's identifying number Preparer's (see instructions) signature employed 🕨 🗌 Paid Preparer's Firm's name (or yours **Use Only** if self-employed), address, and ZIP + 4 Phone no ► (May the IRS discuss this return with the preparer shown above? (see instructions) Yes L No



	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses >
4d	Other program services. (Describe in Schedule O)
4C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4-	(Code) (Expenses & uncluding greats of &) (Payonia &
	Member Deposits
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Loans to Members
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$) Loans to Members
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	If "Yes," describe these new services on Schedule O.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	None
1	Briefly describe the organization's mission: None
	Statement of Program Service Accomplishments

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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_		1
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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.		ķ	
•	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		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		,	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
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 United States? If "Yes," complete Schedule F, Part II	15		1
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 United States? If "Yes," complete Schedule F, Part III.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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.	40		
20	If "Yes," complete Schedule G, Part III	19 20		✓

Pa	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 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 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	✓	
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		V
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		V
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	✓	
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		✓
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):	<u> </u>		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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 "Yes," complete Schedule R, Part I</i>	33		1
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		1
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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		✓
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> ✓
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Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	•		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
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 4			
b	Statements, filed for the calendar year ending with or within the year covered by this return 4 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		*
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		
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	-	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		√
d	If "Yes," indicate the number of Forms 8282 filed during the year		*	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	/	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
п	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		v	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	amounts due or received from them)	12a		
_	··· · · · · · · · · · · · · · · · · ·	1		

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			
	1.1		Yes	No
1a	Enter the number of voting members of the governing body			. !
b	Enter the number of voting members that are independent			
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		✓
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		1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6	✓	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	Ĺ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	\	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		۸	
	the year by the following:		·	
а	The governing body?	8a	1	
	Each committee with authority to act on behalf of the governing body?	8b	√	
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	9a	1	
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-			
	enue Code.)			
		_	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		/
	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		
44	·			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		1
110				Ť
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
		120		
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
		1217		
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		
12		13		1
13	Does the organization have a written whistleblower policy?	14	1	<u> </u>
14	Does the organization have a written document retention and destruction policy?		_	
15	Did the process for determining compensation of the following persons include a review and approval by	*		٠,
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		_
	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	4.0		
	with a taxable entity during the year?	16a		✓
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	4		1
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			-
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	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 reco	rds o	f the	
	organization ► Julia Havens; 115 Hardman Avenue South; South Saint Paul, MN 55075; 651-224-4631			

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.

☐ Check this box if the organization did not co	mpensate	any c	urr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee P or director	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
T		tee	ustee			ensated				organizations
Tamara Snaza 8234 Claymore Court Inver Grove Heights, MN 55076	1hr	1						0	0	0
Richard Bauer 31227 Orton Drive Lindstrom, MN 55045	1 hr	1						0	0	0
Warren Mitchell 1539 Stonewood Lane Eagan, MN 55122	.50 hr	✓						0	0	0
Rollin Berg 750 Mississippi Blvd #331 Saint Paul, MN 55116	.50 hr	1						0	0	0
Stephen Hirte 8015 - 65th Street Court S Cottage Grove, MN 55016	.50 hr	✓			!			0	0	0
Larry Tobias 7332 Craig Avenue East Inver Grove Heights, MN 55076	.50 hr	1						0	0	0
Julia Havens 5953 Bacon Avenue Inver Grove Heights, MN 55077	50 hrs	✓			✓			67,054	0	0
	_	-								
	_									

Pa	Section A. Officers, Directors, Tru	 	Emp	loy			d Hig	nesi			T
	(A) Name and title	(B) Average	Positi	on (c		C) kalli	that ap	nh/)	(D) Reportable	(E) Reportable	(F) Estimated
	Name and the	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)	amount of other compensation from the organization and related organizations
											:
	••••										
	······										,
											·—·
			ļ ļ								
<u>1b</u>	Total	<u> </u>				<u></u>	<u> </u>	•	67,054	0	0
2	Total number of individuals (including but in reportable compensation from the organization from the organization).		to the	ose	liste	ed a	above	e) wh	no received mo	ore than \$100,00	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	compensated	Yes No * 3 ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	greater tha	ın \$15	50,0	00?	If "	Yes,"	con	nplete Schedu	le J for such	4 1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com	en:	satio	on f	rom :	anv	unrelated org		5 1
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	ctor	s that receive	d more than \$10	00,000 of
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
							-		·		
						_		├ ┈−			 .
								L^-			
2	Total number of independent contractors (in more than \$100,000 in compensation from					to	those	liste	ed above) who	received	

Par	t VII	Statement of Revenue					
1	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
, gifts, grants illar amounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events					
ig i	d	Related organizations 10	1				
ons, sim	е	Government grants (contributions).	•				
ributions, gif other similar	f	All other contributions, gifts, grants,					
Contributions, gand other simil		and similar amounts not included above				•	ļ
Son		Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f					ļ
	 ''	Total. Add lines to 11	Business Code				
Program Service Revenue	2a	Interest on Loans		209,842	209,842		
ě	b		· _ ·	,			
<u>8</u>	6						
Serv	d						
Ę	е						
ibo.		All other program service revenue .					
<u> </u>	g	Total. Add lines 2a-2f	<u></u> ▶	209,842		* *	1
	3	Investment income (including dividen other similar amounts)	•	23,820	23,820	_	
	5	Income from investment of tax-exempt be Royalties	ona proceeas				
	-	(i) Real	(ii) Personal		· · · · · · · · · · · · · · · · · · ·		
	6a	Gross Rents					
	1	Less: rental expenses			` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	*** ×	1
	С	Rental income or (loss)			· ··		
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of assets other than inventory	(ii) Other	**	;		
	b	Less: cost or other basis and sales expenses .		,	}	4	* 3
		Ret gain or (loss)					
venue	8a	Gross income from fundraising events (not including \$			Į.		,
æ			a	. *	*		φ,
Other	С	Net income or (loss) from fundraising	b		AAA		. ne tananmamadik amammani isa
	ł	Gross income from gaming activities. See Part IV, line 19			,		
		Less: direct expenses, Net income or (loss) from gaming act	b Livities ►				
	1	Gross sales of inventory, less returns and allowances					5
			b				
	_ c	Net income or (loss) from sales of inver Miscellaneous Revenue	Business Code				
	14-		220,11033 0046	1,281	1,281		
	11a b	Late Channa		2,330	2,330		
	C	NSF Charges		260	260		
	-	All other revenue		7,947	7,947		·
	-	Total. Add lines 11a–11d	•	11,818			
	12	Total revenue. See instructions .	•	245,480	245,480		

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	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 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				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors, trustees, and key employees	67,054			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20 404			
7	Other salaries and wages	30,191	· <u>-</u> · · ·		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,771 1,750	· · · · · · · · · · · · · · · · · · ·		
9	Other employee benefits			,	
10	Payroll taxes	7,903			
11	Fees for services (non-employees):				
	Management	250			
	Legal	6,186			
С	Accounting	0,100			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		<u> </u>		
f	Investment management fees				
g	Other	1,327		**	
12	Advertising and promotion	1,056			
13	Office expenses	5,803			
14	Information technology	16,937		·····	
15	Royalties				
16	Occupancy				
17	Travel	681			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,933			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	2,046			
23	Insurance	7,117			
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)	*		4	, - -
_	Program Evpense	57,637		· , <u></u>	
a b	Bank/Credit Card Expense	10,049	·		
-	Provision for Lean Leaner	6,000			
C	Loop Convision Evenes	4,180			
d	Loan Servicing Expense				
e	NCUSIF/Corp Impairment Expense	2,855	-	·	
25	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24f 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	278,841			

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,439	1	40,835
	2	Savings and temporary cash investments	1,086,032	2	1,167,899
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	91,419	5	142,072
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net	2,963,888	7	2,968,010
Assets	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	
As	9	Prepaid expenses and deferred charges	2,865	9	2,903
	10a	Prepaid expenses and deferred charges			*
	ь	Less: accumulated depreciation 10b 1,586	2,891	10c	1,772
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities	25,000	12	25,000
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,200,534	16	4,348,491
	17	Accounts payable and accrued expenses	6,664	17	13,261
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	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	3,221,345	23	3,396,066
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,228,009	26	3,409,327
seo		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	* * :	,	, , , , , , , , , , , , , , , , , , ,
<u>la</u>	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
b	29	Permanently restricted net assets		29	
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	*		^ {\
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t À	32	Retained earnings, endowment, accumulated income, or other funds	972,525	32	939,164
Net	33	Total net assets or fund balances	972,525		939,164
	34	Total liabilities and net assets/fund balances	4,200,534	34	4,348,491

Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
C	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		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
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 separate basis			
За	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		✓
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

Name of the organization

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

Employer identification number

Open to Public Inspection

RIVE	erview Credit Union	41 6031223
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funthe organization answered "Yes" to Form 990, Part IV, line 6.	nds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held funds are the organization's property, subject to the organization's exclusive legal contro	ın donor advised ol? Yes . N
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant used only for charitable purposes and not for the benefit of the donor or donor advisor, opurpose conferring impermissible private benefit?	t funds can be or for any other
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" to F	Form 990, Part IV, line 7.
1		f an historically important land area of a certified historic structure
	easement on the last day of the tax year.	
		Held at the End of the Tax Yea
а	Total number of conservation easements	. 2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
đ	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term the tax year ▶	minated by the organization during
4	Number of states where property subject to conservation easement is located ▶	
5		Yes . No.
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easer >\$	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	of section Yes . N
9	In Part XIV, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's finithe organization's accounting for conservation easements.	nancial statements that describes
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue stat art, historical treasures, or other similar assets held for public exhibition, education, or resea provide, in Part XIV, the text of the footnote to its financial statements that describes the	arch in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue stateme historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items.	ent and balance sheet works of ar rch in furtherance of public service
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assistation amounts required to be reported under SFAS 116 relating to these items:	ssets for financial gain, provide the
	Revenues included in Form 990, Part VIII, line 1	

Page	2
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Par	t III Organizations Maintain	ing Collections	of Art, H	istorica	l Treasures, e	or Oth	er Similar As	sets (contil	nued)
3	Using the organization's acquisition collection items (check all that appl	, accession, and o y):	other reco	rds, che	ck any of the f	ollowin	ng that are a sig	ınıficant use	of its
а	Public exhibition		d		oan or exchan				
b	Scholarly research		е		ther			•	
C	Preservation for future general								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization sassets to be sold to raise funds rathe	r than to be mainta	ained as p	art of the	organization's	collect	tion?	Yes [_ No
Par	Escrow and Custodial A IV, line 9, or reported an					swered	d "Yes" to Forr	m 990, Pari	t
	Is the organization an agent, trusted included on Form 990, Part X?					s or o	ther assets not	Yes [□ No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	following	ig table:		^~	nount	
						1c	All	lount	
C	Beginning balance		•			1d		··	
	Additions during the year				•	1a			
e	Distributions during the year					1f			
	Ending balance Did the organization include an amilf "Yes," explain the arrangement in			line 21?				Yes [No
	t V Endowment Funds. Co		nanizatio	n answ	ered "Yes" to	Form	990 Part IV	line 10	
		(a) Current year	(b) Pric		(c) Two years ba) Three years back	(e) Four year	s back
1a	Beginning of year balance .		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3	44	* * *	χ ,	· *
b	Contributions				* 1	*	\$ 2	% ¢ 6	2 1
	Net investment earnings, gains, and losses						×		å \$
d	Grants or scholarships							*	
е	Other expenditures for facilities					1	>		* *
	and programs				*	- ~	* * * *	≬ ¥	. 9
f g	Administrative expenses End of year balance				<u>, , , , , , , , , , , , , , , , , , , </u>			* ·*	. 1
2	Provide the estimated percentage of	of the year end ba	lance held	d as.					
а	Board designated or quasi-endown	nent 🕨	%						
þ	Permanent endowment ▶	%							
С	Term endowment ▶ %	6							
3a	Are there endowment funds not in thorganization by	e possession of th	ne organız	ation tha	t are held and	admını	stered for the		No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations		•					3a(ii)	
_	If "Yes" to 3a(ii), are the related organism Describe in Part XIV the intended us							3b	<u> </u>
4 Par						V lin	0.10		
Гаі									
	Description of investment	(a) Cost or ot (investm			st or other s (other)		eciation	(d) Book valu	e
	Land	.					· · · · · · · · · · · · · · · · · · ·		
	Buildings	.						· · · · · · · · · · · · · · · · · · ·	
_	Leasehold improvements .	.					4555		4555
	Equipment	<u>. </u>			3358		1586		1772
ota	LAdd lines 1a through 1e (Column (d)	must equal Form 9	90, Part X,	column	(B), line 10(c).)	· ·	▶		<u>1772</u>

Part VII Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ition rket value
Financial derivatives			
Closely-held equity interests			
Other		0 1	
Credit Service Organization Stock	25000	Cost	
	W		
	······································	-	
7.4.40			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	25000		€ !
Part VIII Investments—Program Related		"	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
***************************************			***
			
			-
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	+ V . I 4.5	<u> </u>	
Part IX Other Assets. See Form 990, Par	(a) Description		(b) Book value
***	(a) Description		(b) book value
	···		
			-
	 		
Total. (Column (b) must equal Form 990, Part X, col. (l	B) line 15.)		
Part X Other Liabilities. See Form 990, I			
1. (a) Description of liability	(b) Amount	*	*
Federal income taxes			
			; ;
		- ;	ļ
		-	
		- 	
		7	1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	lule D (Form 990) 2009	Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial St	atements
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	
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	4
b	Donated services and use of facilities	-
_	Recoveries of prior year grants	1
d		2e
е	Add lines 2a through 2d	3
3 4	Subtract line 2e from line 1	
-	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV.)	
-	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es 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	<u></u>
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIV)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	4c
5	Add lines 4a and 4b	5
	t XIV Supplemental Information	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	1 A: Part IV lines 1h
	2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and	
	part to provide any additional information.	
		•••••
	•	

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •
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• • • • • • • • • • • • • • • • • • • •		

SCHEDULE J (Form 990)

Internal Revenue Service

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

6031223

Open to Public Inspection

Name of the organization Employer identification number **Riverview Credit Union**

Questions Regarding Compensation Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) **b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? **√** 4b **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?. If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a a The organization?. . . 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6a a The organization?. **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 69 If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Page 2

Schedule J (Form 990) 2009

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

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

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

	\vdash	(B) Breakdown of W-2	and/or 1099-MISC compensation				į
(A) Name	1	(i) Base compensation	(III) Other reportable compensation	compensation	(U) Nortaxable benefits	(a)(a)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Julia Havens (ii)	€ €	67054		4285			
	€ €						
	EE						
(ii) (ii)	33						
(n) (9)	E (E)						
(II) (D)	(3)						
(E)	63						
(i) (i)	(E)						
(n) (n)	(3)						
(n) (n)	(E)						
(b) (b)	(3)						
(0)	(E)						
(b)	(i)						
(1)	(E)						
(0)	(1)						
(D)	(E)						
						Sche	Schedule J (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number **Riverview Credit Union** 41 6031223 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? by board or agreement? principal amount committee? From Yes No Yes Yes No No Tamara Snaza 15000 3025 **Larry Tobias** 50000 41954 Warren Mitchell 59000 58358 Julia Havens 60000 38736 Total 142073 ▶ Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested person and the (c) Amount and type of assistance organization Part IV **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (e) Sharing of (c) Amount of (d) Description of transaction interested person and the organization's transaction organization revenues? Yes No

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Riverview Credit Union

Supplemental Information to Form 990

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

Open to F

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► Attach to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

6031223

Employer identification number

Part VI; Section A; Question 6 - Member Owned Credit Union.
Part VI; Section A; Question 7a - Member Elect Governing Body.
Part VI; Section A; Question 7b - Annual Meeting is Held And Any Substantial Changes Must Be Approved By Majority of
Members Present.
Part VI; Section A; Question 9 -
Tamara Snaza; 8234 Claymore Court; Inver Grove Heights, MN 55076
Richard Bauer; 31227 Orton Drive; Lindstrom, MN 55045
Warren Mitchell; 1539 Stonewood Lane; Eagan, MN 55122
Rollins Berg; 750 Mississippi Blvd #331; Saint. Paul, MN 55116
Stephen Hirte; 8015 - 65th Street Court South, Cottage Grove, MN 55016
Larry Tobias; 7332 Craig Avenue East; Inver Grove Heights, MN 55076
Part VI; Section B; Question 11a - Reviewed by Key Employee.
Part VI; Section C; Question 19 - Not Available to the General Public But is Available to Our Membership Upon Request.

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Name of the organization	Employer identification number
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