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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

| | | | ndar yea | C Name of organization | | | | D Employer ic | dentification number |
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| _ | ck if ap ress ch | | lease se IRS | CHEROKEE STRIP CRE | DIT UNION | | | 73-60933 | 29 |
| _ | ne char | la | bel or rint or | Doing Business As | | | | E Telephone | |
| _ | al retur | ty | pe. See | | | | | (580)718 | -4000 |
| _ | nınated | Ir | nstruc- | Number and street (or 1508 E PROSPECT | PO box if mail | s not delivered to street add | ress) Room/suite | G Gross receipt | s \$ 3,418,999 |
| _ | ended r | | ons. | City or town, state or | country and 7ID | + <i>A</i> | | | |
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| Tax | -exem | pt status | 501(c) |) (14) ◀ (insert no) | 4947(a)(1) or | 527 | | o," attach a iis up exemption r | t (see instructions) number 🟲 |
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| | | | | e organization's miss | ion or most si | gnificant activities | | | |
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| aoveminance | | OFFERING | G PROGI | RESSIVE FINANCIA | I BELLEK IH | AN MARKET RATES | | | |
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| <u>.</u> | | | | | | | | | |
| 3 | 2 | Check this | s box 🛏 | if the organization of | discontinued it | s operations or dispose | d of more than | 25% of its net | assets |
| 5 | | | _ | _ | | rt V I , line 1a) | | | 3 9 |
| 2 | | | | | | ing body (Part VI, line 1 | .b) | | 4 9 |
| 40munes | | | | nployees (Part V , line | | | 5 23 | | |
| ŧ | | | | lunteers (estimate if | | | 616 | | |
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| | ь | Net unrela | ited busi | ness taxable income | from Form 99 | 0-T, line 34 | | 1 | 7b 3,684 |
| | | Ct | | d | | | Pric | or Year | Current Year |
| | | Contribut | tions and | | | | | | |
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

AS A NOT FOR PROFIT COOPERATIVE, TO PROMOTE THRIFT AND MEET THE FINANCIAL NEEDS OF MEMBERS THROUGH OFFERING PROGRESSIVE FINANCIAL SERVICES WITH STABILITY AND INTEGRITY AT BETTER THAN MARKET RATES

| 2 | | | gram services during the year | | └ Yes ┌ No |
|----|--|-------------------------------|--|-------------------------------|----------------------|
| | If "Yes," describe these n | new services on Schedul | e O | | |
| 3 | Did the organization ceas | | ignificant changes in how it cor | nducts, any program | ┌ Yes ┌ No |
| | If "Yes," describe these o | hanges on Schedule O | | | |
| 4 | Section 501(c)(3) and 50 |) 1(c)(4) organizations ai | ach of the organization's three l nd section 4947(a)(1) trusts ai enue, if any, for each program s | re required to report the amo | |
| 4a | (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Revenue \$ |) |
| | CREDIT UNION SERVING CON SERVED 11,160 MEMBERS DU | | O OTHER SELECT EMPLOYEE GROUPS, | AS WELL AS THE KAY COUNTY CO | MMUNITY ORGANIZATION |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 4d | Other program services | (Describe in Schedule | O) | | |
| | (Expenses \$ | • | grants of \$ |) (Revenue \$ |) |
| 4e | Total program service ex | xpenses ⊁ \$ | | | |
| | | | | | |

| Part IV | Checklist | of Red | uired | Schedule |
|---------|-----------|--------|-------|----------|
| | | | | |

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | Νο |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | 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 | | Νο |
| 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 | | No |
| 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? If "Yes," complete Schedule D, Part II. | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 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 quasiendowments? If "Yes," complete Schedule D, Part V | 10 | | Νο |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| | ◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI. | | | |
| | ◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | ◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | ◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | ◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | ◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | Yes | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No | | | |
| 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? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II | 15 | | Νο |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i> | 16 | | Νο |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Νο |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Νο |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | N o |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νo |

| | 990 (2009) | | | Page |
|-----|---|-----|-----|------|
| 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 | | No |
| 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 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | Νo |
| 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 | | Νo |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | Νo |
| 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 | | Νο |
| 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 | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | No |
| h | A family member of a current or former officer, director, trustee, or key employee? If "Yes," | | | 110 |
| | complete Schedule L, Part IV | 28b | | Νo |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | 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? If "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 | | Νo |
| 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? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νo |
| 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 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

| Part V Statements Regarding Other IRS Filings and Tax Complia | art V | Statements | Regarding | Other IRS | Filings | and Tax | Compliand |
|---|-------|------------|-----------|-----------|---------|---------|-----------|
|---|-------|------------|-----------|-----------|---------|---------|-----------|

| | | | Yes | No |
|--------|--|------------|-----|----|
| la | 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 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | Νo |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | Yes | |
| h | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes | |
| la | 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 | 103 | No |
| 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 | | | |
| 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 |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5с | | Νo |
| а | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | No |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | No |
| | 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 | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| n | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 3 | 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 | | Νo |
| | Sponsoring organizations maintaining donor advised funds. | | | |
| _ | Did the organization make any taxable distributions under section 4966? | 9a ob | | No |
| ь 0 | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | Νo |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | | | |
| | facilities | | | |
| 1 | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | | | |
| Ь | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | Νo |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | 7-041 | j l | | |

PONCA CITY, OK 74604

(580) 718-4018

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

| Se | ction A. Governing Body and Management | | | |
|---------|--|---------|----------|------------|
| | | | Yes | No |
| | | | | |
| 4_ | | | | |
| 1a L | Enter the number of voting members of the governing body 1a 9 Enter the number of voting members that are independent 1b 9 | . | | |
| b | The the hamper of voting members that are made ended | | | |
| 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 | | Νο |
| 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 | Yes | |
| 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 | | Νο |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| ь | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Yes | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal | | | |
| Re | venue Code.) | | | |
| | | | Yes | No |
| | 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 | | Νο |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | Νο |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | Νο |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | | Νο |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Νο |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νο |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | No |
| Se | ection C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed ▶OK | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the HOWARD SISSEL 1508 E PRO SPECT | ıe orga | nızatıor | n ► |

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 o | or fo | rmer o | ffice | r, dırector, trustee o | or key employee | |
|--|-------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours | | tion (that a | che | | | | (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 |
| ROBERT A HOWARD Chairman | 1 00 | х | | х | | | | 0 | 0 | 0 |
| RAJ PHANSALKAR Secretary | 1 00 | х | | х | | | | 0 | 0 | 0 |
| PAUL HADLEY Director | 1 00 | х | | | | | | О | 0 | 0 |
| MIKE TREWITT Treasurer | 1 00 | х | | х | | | | 0 | 0 | 0 |
| KAREN MEYER Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| JULIE CUNNINGHAM VP Acctg & CFO | 40 00 | | | х | | | | 63,908 | 0 | 5,296 |
| HOWARD SISSEL President | 40 00 | | | х | | | | 107,153 | 0 | 20,969 |
| HOMER NICHOLSON Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| GARY W FEIL Vice Chairman | 1 00 | х | | х | | | | 0 | 0 | 0 |
| CALVIN GOLLIVER Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| ANNE BOLLICH Director | 1 00 | х | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

\$100,000 in compensation from the organization $\blacktriangleright 0$

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and Title | (B) Average hours per | 1 | tion (| (che | | _ | T | (D) Reportable compensation from the | | (E) Reportable compensation from related | - 1 | (F) Estima imount o compens | ated fother |
|---|----------------------------------|-----------------------------------|-----------------------|---------|--------------|------------------------------|-------------|--|---------------|--|---------|--|---------------------|
| | week | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | organizatio 2/1099-M | n (W- | organizations (W- 2/1099- MISC) | ٥ | from t rganızatı relat organıza | :he on and ed |
| | | | | | | | | | | | _ | | |
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| | | | | | | | | | | | + | | |
| | | | | | | | | | | | | | |
| b Total | | | | | • | | > | 1 | 71,061 | | | | 26,26 |
| Total number of individuals \$100,000 in reportable co | , - | | | | | d abov | e) wh | no received m | ore th | an | | | |
| | | | | | | | | | | | | Yes | No |
| Did the organization list an on line 1a? If "Yes," comple | | | | | | emplo | yee, | or highest co | mpens | ated employee | _ | | NI - |
| For any individual listed on | line 1a, is the sum | of repo | rtable | cor | nper | nsatior | | | | | 3 | | No |
| organization and related or | ganızatıons greater • • • • • | than \$: | 150,0 | 0007 | ' If " • | 'Yes," c | omp: • | lete Schedule | J for su | | 4 | | No |
| 5 Did any person listed on lin rendered to the organizatio | | | | | | | unr | elated organı | zation • • | for services | 5 | | No |
| Section B. Independent | Contractors | | | | | | | | | | | | |
| L Complete this table for you | ır fıve hıghest comp | | d ınde | pen | dent | contra | ctor | rs that receiv | ed mor | e than | | | |
| \$100,000 of compensation | (A) Name and business | | | | | | | | Desc | (B) ription of services | | (C Comper | |
| <u> </u> | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | |
| 2 Total number of independent | | | | | | | | | | | | | |

| Form 99 | | | | | | | | Page 9 |
|--|-------------|---|--|---|----------------------|--|---|---|
| Part V | /III | Statement o | of Revenue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| ## # | 1a | Federated camp | paigns 1a | | | | | |
| gra our | Ь | Membership du | es 1b | | | | | |
| £. ∰ي | С | | ents 1c | | | | | |
| <u>#</u> ,# | d | | rations 1d | | | | | |
| Sing. | e | Government grants | | | | | | |
| 漢 | f | sımılar amounts no | | | | | | |
| 를 를 등 | g | | butions included in | | | | | |
| Contributions, gifts, grants and other similar amounts | h | lines 1a-1f \$ _ Total. Add lines | s 1a-1f | ▶ | 0 | | | |
| | | | | Business Code | | | | |
| Program Serwce Revenue | 2a | OTHER RELATED IN | NCOME | 522,100 | 454,491 | 454,491 | | |
| æ Æ | ь | INTEREST INCOME | | 522,100 | 1,333,926 | 1,333,926 | | |
| <u>85</u> | С | | | | | | | |
| <u>z</u> | d | | | | | | | |
| Ē | e | | | | | | | |
| 200 | f | All other progra | am service revenue | | | | | |
| <u>Ā</u> | g | Total. Add lines | s 2a-2f | | 1,788,417 | | | |
| | 3 | | ome (including dividen | . F | 4 505 000 | | | 4 525 222 |
| | | | ar amounts) stment of tax-exempt bond | <u>-</u> | 1,625,898 | | | 1,625,898 |
| | 4 5 | | urnent of tax-exempt bond | · · · · | 0 | | | |
| | | Royalties | (ı) Real | (II) Personal | | | | |
| | 6a | Gross Rents | (1) | (11,11111111111111111111111111111111111 | | | | |
| | ь | Less rental expenses | | | | | | |
| | c | Rental income | | | | | | |
| | d | or (loss) Net rental incoi | me or (loss) | | 0 | | | |
| | | | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount from sales of assets other than inventory Less cost or | | 334,207 | | | | |
| | Ь | other basis and sales expenses | | 334,207 | | | | |
| | c | Gain or (loss) | | -334,207 | | | | |
| | d | Net gaın or (los | s) | ▶ | -334,207 | | | -334,207 |
| Other Revenue | 8a | Gross income fi events (not incl \$ of contributions See Part IV, lin | luding s reported on line 1c) | | | | | |
| Ę | | 200 i aic IV , iiii | a a | | | | | |
| ‡ | ь | | penses b | | | | | |
| Ò | С | | loss) from fundraising | events 🕦 | 0 | | | |
| | 9a | Gross income fi See Part IV, lin | rom gaming activities le 19 a | | | | | |
| | b | | penses b (loss) from gaming acti | | 0 | | | |
| | 10a | Gross sales of returns and allo | unventory, less owances . | vicies | | | | |
| | b c | | a oods sold b (loss) from sales of inve | entory • | o | | | |
| | <u> </u> | Miscellaneous | | Business Code | | | | |
| | 11a | NON-MEMBER | ATM FEES | 522,100 | 4,397 | | 4,397 | |
| | ь | CREDIT LIFE I | NSURANCE | 522,100 | 287 | | 287 | |
| | С | | | | | | | |
| | d | All other revenu | ue | | | | | |
| | е | Total. Add lines | s 11a-11d | | 4,684 | | | |
| | 12 | Total revenue. | See Instructions . | ▶ | 3,084,792 | 1,788,417 | 4,684 | 1,291,691 |

| | 990 (2009) | | | | Page 10 |
|------|--|--------------------|------------------------------|-------------------------------------|-----------------------------------|
| Par | t IX Statement of Functional Expenses | | | | |
| | Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to | | | (D) | |
| Do n | ot include amounts reported on lines 6b, b, 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 | 0 | | | <u>'</u> |
| 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 | 922,458 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 197,326 | | | |
| 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 | 666,982 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 90,152 | | | |
| 9 | Other employee benefits | 205,123 | | | |
| 10 | Payroll taxes | 66,023 | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 0 | | | |
| ь | Legal | 3,290 | | | |
| С | Accounting | 46,631 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 0 | | | |
| f | Investment management fees | 0 | | | |
| g | Other | 0 | | | |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 30,385 | | | |
| 15 | Royalties | 30,303 | | | |
| 16 | Occupancy | 51,316 | | | |
| 17 | Travel | 31,310 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 7,383 | | | |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 196,053 | | | |
| 23 | Insurance | 168,579 | | | |
| 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) | 100,373 | | | |
| а | Printing and Publications | 46,104 | | | |
| b | | 53,969 | | | |
| c | COMPUTER EXPENSE | 194,306 | | | |
| d | BUILDING MAINTENANCE | 37,898 | | | |
| e | ATM SERVICE COSTS | 171,444 | | | |
| f | All other expenses | 225,633 | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 3,381,055 | | 0 | 0 |
| 26 | Joint costs. Check here ► ☐ If following SOP 98-2 | 3,551,655 | † | <u> </u> | |
| | Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| | | 1 | | . Fo | rm 990 (2009) |

| Pa | rt X | Balance Sheet | | | | | <u> </u> |
|---------------|------|--|---|-----------------|--------------------------|------------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 1,299,481 | 1 | 832,183 |
| | 2 | Savings and temporary cash investments | | 58,659,961 | 2 | 59,139,571 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | 0 |
| | 4 | Accounts receivable, net | | | | 4 | 0 |
| | 5 | Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of | s, key | employees, and | | | |
| | | Schedule L | | | | 5 | 0 |
| | 6 | Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of | | 4958(f)(1)) and | | | |
| | | Schedule L | | | | 6 | 0 |
| Assets | 7 | Notes and loans receivable, net | | | 22,151,880 | 7 | 21,855,008 |
| SS | 8 | Inventories for sale or use | | | | 8 | 0 |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 88,657 | 9 | 80,434 |
| | 10a | Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i> | 10a | 3,924,548 | | | |
| | ь | Less accumulated depreciation | 10b | 1,737,333 | 2,360,179 | 10c | 2,187,215 |
| | 11 | Investments—publicly traded securities | | | | 11 | 0 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | 0 |
| | 14 | Intangible assets | | 14 | 0 | | |
| | 15 | Other assets See Part IV, line 11 | 1,001,476 | 15 | 954,536 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | Total assets. Add lines 1 through 15 (must equal line 34) | | | | |
| | 17 | Accounts payable and accrued expenses . | | | 926,504 | 17 | 435,814 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| je | 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 | | | | | |
| Li | | persons Complete Part II of Schedule L | | • | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 74,746,783 | 25 | 74,934,800 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 75,673,287 | 26 | 75,370,614 |
| Fund Balances | | Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34. | lete li | nes 27 | | | |
| an | 27 | Unrestricted net assets | | | | 27 | |
| Ba | 28 | Temporarily restricted net assets | | | | 28 | |
| ы | 29 | Permanently restricted net assets | | | | 29 | |
| Fui | | Organizations that do not follow SFAS 117, check here ▶ 🔽 an | d com | plete | | | |
| ě | | lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 57,110 | | 54,495 |
| Assets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other fu | nds | | 9,831,237 | 32 | 9,623,838 |
| Net | 33 | Total net assets or fund balances | | | 9,888,347 | 33 | 9,678,333 |
| | 34 | Total liabilities and net assets/fund balances | | | 85,561,634 | 34 | 85,048,947 |

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 | | No |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| c | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 2c | Yes | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separated basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | No |

Form **990** (2009)

Additional Data

Software ID:

Software Version:

EIN: 73-6093329

Name: CHEROKEE STRIP CREDIT UNION

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

| Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| Printing and Publications | 46,104 | | | |
| Postage and Shipping | 53,969 | | | |
| COMPUTER EXPENSE | 194,306 | | | |
| BUILDING MAINTENANCE | 37,898 | | | |
| ATM SERVICE COSTS | 171,444 | | | |

DLN: 93493134043530

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

► 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.

Supplemental Financial Statements

Name of the organization

Employer identification number

| CIIL | ROKEL STRIF CREDIT UNION | | 73-6 | 6093329 | |
|--------|--|--|-----------|--|-------------|
| Pa | rt I Organizations Maintaining Donor Ac | | unds | or Accounts. Comp | lete If the |
| | organization answered "Yes" to Form 99 | 0, Part IV, line 6. (a) Donor advised funds | , | (b) Funds and other acc | |
| 1 | Total number at end of year | (a) Donor advised funds | ' | Tunus and other acc | |
| 2 | Aggregate contributions to (during year) | | | | |
| 3 | Aggregate grants from (during year) | | | | |
| | Aggregate value at end of year | | | | |
| | | | | | |
| 5 | Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o | organization's exclusive legal control? | | ☐ Yes | i |
| 6 | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit | 5 5 | , | | |
| Par | t II Conservation Easements. Complete | ıf the organızatıon answered "Yes" t | o Form | n 990, Part IV, line 7 | <u> </u> |
| 1 2 | Purpose(s) of conservation easements held by the or 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 qualication on the last day of the tax year | on or pleasure) Preservation of an Preservation of a G | certified | ically importantly land a d historic structure onservation | rea |
| | easement on the last day of the tax year | | | Held at the End of t | ho Voor |
| а | Total number of conservation easements | | 2a | neid at the End of t | ile real |
| b | Total acreage restricted by conservation easements | | 2b | | |
| c | Number of conservation easements on a certified his | toric structure included in (a) | 2c | | |
| d | Number of conservation easements included in (c) ac | ` ' | 2d | | |
| 3 | Number of conservation easements modified, transfe the taxable year ▶ | | ed by th | ne organization during | |
| 4 | Number of states where property subject to conserva | | | | |
| 5 | Does the organization have a written policy regarding enforcement of the conservation easements it holds? | | dling of | violations, and Yes | i |
| 6 | Staff and volunteer hours devoted to monitoring, insp | ecting and enforcing conservation easem | nents du | uring the year ► | |
| 7 | A mount of expenses incurred in monitoring, inspecting | ng, and enforcing conservation easement | s during | g the year 🕨 \$ | |
| 8 | Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$? | (d) above satisfy the requirements of sec | tion | ☐ Yes | |
| 9 | In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem | he footnote to the organization's financia | | | |
| Par | Organizations Maintaining Collectio Complete if the organization answered " | | or Oth | her Similar Assets | |
| 1a | If 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 fin | 116, not to report in its revenue stateme for public exhibition, education or researc | ch ın fui | | |
| b | If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items | oublic exhibition, education, or research i | | • | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | ► \$ | |
| | (ii) Assets included in Form 990, Part X | | | ► \$ | |
| 2 | If the organization received or held works of art, histo | orical treasures, or other similar assets fo | or financ | · - | - |
| _ | following amounts required to be reported under SFAS | | | ,, | |

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| | Organizations Maintaining Co | HECTIONS OF AFT | L, HIS | LOTI | cai ir | casu | res, or c | lile | i Sililiai i | ASSE | is (co | ntinued) |
|-----------------------|--|----------------------|------------|----------------|---------------------------------------|-----------------------|---------------------------|------------|-----------------|---------------|-----------------|---------------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check an | y of th | e foll | owing t | hat are | a signific | ant u | se of its coll | ection | | |
| а | Public exhibition | | d | Γ | Loan | orexch | ange prog | rams | | | | |
| ь | Scholarly research | | e | \sqcap | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and expla | ain hov | v the | / furthe | rthe o | raanizatioi | 1'S AY | emnt nurnos | e in | | |
| • | Part XIV | meetions and exple | 1111 110 4 | v ciic, | ruitiic | ir the o | rgamzatioi | 13 67 | cempt purpos | C III | | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | | | nılar | Γ | ec. | □ No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | es" to Form | | | |
| | Part IV, line 9, or reported an an | | | | | | answere. | u . | 25 10 10111 | , ,,,, | 1 | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | lan or other interme | ediary | for c | ontrıbu | tions o | r other ass | ets | not | Г | 'es | ∏ No |
| b | If "Yes," explain the arrangement in Part XIV | √ and complete the | follow | ıng ta | able | | - | | | | | |
| | | | | | | | | | , | A moui | nt | |
| С | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | 1d | | | | |
| e | Distributions during the year | | | | | | | 1e | | | | |
| f | Ending balance | | | | | | L | 1 f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, lın | ie 21? | | | | | | | Γ, | 'es | ┌ No |
| ь | If "Yes," explain the arrangement in Part XIV | 1 | | | | | | | | | | |
| Pai | t V Endowment Funds. Complete | ıf the organızatıo | n ans | were | ed "Ye | s" to F | orm 990 | | | | | |
| | | (a)Current Year | (b) | Prior \ | 'ear | (c) Two | Years Back | (d) | Three Years Bad | :k (e) | Four Ye | ars Back |
| 1a | Beginning of year balance | | <u> </u> | | | | | 1 | | | | |
| b | Contributions | | <u> </u> | | | | | | | | | |
| c | Investment earnings or losses | | <u> </u> | | | | | | | | | |
| d | Grants or scholarships | | <u> </u> | | | | | _ | | | | |
| е | 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 | | | l | | | | I | | |
| – a | Board designated or quasi-endowment | % | 45 | | | | | | | | | |
| ь | Permanent endowment % | | | | | | | | | | | |
| | | | | | | | | | | | | |
| c 3a | Term endowment ► % Are there endowment funds not in the posses | ssion of the organiz | ation t | hat a | re held | landa | dministere | d for | the | | | |
| | organization by | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | 3 | Ba(i) | | |
| | (ii) related organizations | | | | | | | | 📮 | a(ii) | | |
| | • • | | | | | | | | | 2 L | | |
| | If "Yes" to 3a(II), are the related organizatio | | | | | | | • | | 3b | | |
| 4 | If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th | e organization's en | dowme | nt fu | nds | | | 10 | | 30 | | |
| 4 | If "Yes" to 3a(II), are the related organizatio | e organization's en | dowme | ent fu ee F | ^{nds} orm 9 | 90, Pa | irt X, line | | | | | |
| 4 | If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th | e organization's en | dowme | ent fu ee F | nds | 90, Pa | | other | (c) Accumulat | ed | (d) Boo | ok value |
| 4 Par | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings | e organization's en | dowme | ent fu ee F | nds orm 9) Cost o | 90, Pa | (b)Cost or o | other | ` ' | ed | (d) Boo | ok value 352,976 |
| 4 Par | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment | e organization's en | dowme | ent fu ee F | nds orm 9) Cost o | 90, Par other street) | (b)Cost or o | other | ` ' | ed | (d) Boo | |
| Par | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment | e organization's en | dowme | ent fu ee F | nds orm 9) Cost o | 90, Par other street) | (b)Cost or o | other | ` ' | ed | (d) Boo | |
| 1a l b E | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment and | e organization's en | dowme | ent fu ee F | nds orm 9) Cost o | 90, Par other street) | (b)Cost or o | other | ` ' | ed | (d) Boo | |
| Par la l b E c l d E | If "Yes" to 3a(II), are the related organization. Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings Description of investment | e organization's en | dowme | ent fu ee F | nds orm 9) Cost o is (inves | 90, Par other street) | (b)Cost or o basis (other | other | ` ' | ed | | |

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| 1 (a) Description of Liability (b) A mount Federal Income Taxes MEMBER SHARES DRAFT/CHECKING 5,870,070 MEMBER SHARE SAVINGS/DEP 46,743,129 MEMBER SHARE CERTIFICATES 22,321,601 | Part IX Other Assets. See Form 990, Part X, Im (a) Descrip | ne 15. tion | |
| Federal Income Taxes MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP MEMBER SHARE CERTIFICATES 22,321,601 | Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1 | ne 15. tion 5.) | |
| MEMBER SHARE SAVINGS/DEP MEMBER SHARE CERTIFICATES MEMBER SHARE CERTIFICATES 22,321,601 | Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X | 5.) | |
| MEMBER SHARE CERTIFICATES MEMBER SHARE CERTIFICATES 22,321,601 | 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 | 5.) | |
| MEMBER SHARE CERTIFICATES 22,321,601 | 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.) | |
| | 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.) | |
| Total. (Column (h) should equal Form 900 Part X col (B) line 25.) | 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 MEMBER SHARES DRAFT/CHECKING | 5.) , line 25. (b) A mount | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
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| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25.) by 74.034.000 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25) 5 74 024 000 | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (h) should equal Form 990 Part X col (B) line 25.) b | 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 MEMBER SHARES DRAFT/CHECKING MEMBER SHARE SAVINGS/DEP | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ 74,934,800 | 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 MEMBER SHARE SAVINGS/DEP MEMBER SHARE CERTIFICATES | 5.) , line 25. (b) A mount 5,870,070 46,743,129 | |

| Pa | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer | nts | |
|-----|--|----------|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 3,084,792 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,381,055 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -296,263 |
| 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 | -32,574 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | -32,574 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -328,837 |
| _ | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,084,792 |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | , , |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 3,084,792 |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 3,084,792 |
| Par | t XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Re | turn |
| 1 | Total expenses and losses per audited financial statements | 1 | 3,413,630 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | + | |
| a | Donated services and use of facilities | | |
| ь | Prior year adjustments | | |
| c | Other losses | | |
| d | Other (Describe in Part XIV) | | |
| e | Add lines 2a through 2d | 2e | 44,708 |
| 3 | Subtract line 2e from line 1 | 3 | 3,368,922 |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | | - / / |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| ь | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | 12,133 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 3,381,055 |
| Pa | rt XIV Supplemental Information | <u> </u> | |

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

| Ident if ier | Return Reference | Explanation |
|--------------------|--|--|
| Part XIII, Line 4b | Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S | BAD DEBT EXPENSE \$12133 |
| Part XIII, Line 2d | | PROVISION FOR BAD DEBTS \$37333 ADJUST BOOK TO TAX DEPR \$7375 |
| Part XI, Line 8 | Part XI, Line 8 Other Changes in Net Assets or Fund Balances | TAX BAD DEBT ADJUST \$ -25199 TAX DEPR ADJUST \$ -7375 |

DLN: 93493134043530

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b.

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

Name of the organization CHEROKEE STRIP CREDIT UNION **Employer identification number**

73-6093329

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

Yes No

| 2 | Enter the amount of tax imposed on the organization managers or disqualified persons during the year under |
|---|--|
| | section 4958 |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization |

Part II Loans to and/or From Interested Persons.

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

| (a) Name of interested person and purpose | or fro | oan to om the zation? | (c)O riginal principal amount | (d)Balance due | (e) 1 defau | | (f) Approved by board or committee? | | |)Written reement? | |
|---|--------|-----------------------------|-------------------------------|----------------|----------------|----|--|----|-----|----------------------|--|
| | То | From | | | Yes | No | Yes | No | Yes | No | |
| KAREN MEYER 1ST MORTGAGE | Х | | 75,000 | 70,548 | | Νο | Yes | | Yes | | |
| CLAUDIA LENTZ VEHICLE LOAN | Х | | 12,260 | 9,868 | | Νο | Yes | | Yes | | |
| DON LOCKWOOD SIGNATURE LOAN | Х | | 10,000 | 2,733 | | Νο | Yes | | Yes | | |
| DON LOCKWOOD VEHICLE LOAN | Х | | 33,841 | 18,478 | | Νo | Yes | | Yes | | |
| JULIE CUNNINGHAM 2ND MORTGAGE | Х | | 27,500 | 15,289 | | Νο | Yes | | Yes | | |
| Total | | | ► s | 116.916 | 1 | | I | | 1 | | |

Grants or Assistance Benefitting 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 organization

(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134043530

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

2009

OMB No 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Name of the organization CHEROKEE STRIP CREDIT UNION

Employer identification number

73-6093329

| ldentifier | Return Reference | Explanation |
|-----------------------------------|---|---|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | FINANCIAL STATEMENTS OF THE ORGANIZATION ARE POSTED ON BULLETIN BOARDS AT EACH OF THE LOCATIONS MONTHLY |
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees | THE ORGANIZATION ORDERS ANNUALLY AN INDEPENDENT SALARY STUDY FOR CREDIT UNIONS GIVING SALARY INFORMATION BY CREDIT UNION ASSET SIZE, NUMBER OF EMPLOYEES, AND REGION WHERE LOCATED THIS INFORMATION IS USED TO DEVELOP ANNUAL COMPENSATION AMOUNTS PROPOSED SALARY INFORMATION IS THEN SUBMITTED TO THE PERSONNELL COMITTEE AND THEN THE BOARD OF DIRECTORS FOR ULTIMATE APPROVAL |
| Form 990, Part VI, Line 9 | Form 990, Part VI, Line 9 Officer, Director, Trustee, Key Employee Mailing Address | NONE OF THE BOARD OF DIRECTOR MEMBERS ARE EMPLOYED BY THE ORGANIZATION THEY CAN ALL BE CONTACTED AT THE ADDRESSES PROVIDED THE CREDIT UNION EMPLOYEES CONTACT THE BOARD MEMBERS BY TELEPHONE, E-MAIL, AND POSTAL SERVICE |
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process | FORM 990 AND 990-T PRESENTED TO BOARD FOR APPROVAL BEFORE FILING |
| Form 990, Part VI, Line 6 | Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder | EACH CREDIT UNION ACCOUNT HOLDER IS CONSIDERED TO BE A MEMBER OF THE ORGANIZATION |
| Form 990, Part VI, Line 4 | Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents | THE ORGANIZATION CHANGED ITS BY LAWS PERTAINING TO MEMBER EXPULSION IN THAT THE BOARD MAY NOW EXPELL A MEMBER PURSUANT TO ANY WRITTEN POLICY ADOPTED BY THE BOARD AND THE MEMBER THUS EXPELLED MAY HAVE THE RIGHT TO A HEARING BEFORE THE BOARD THE BY LAW PERTAINING TO LOANS TO OFFICERS, DIRECTORS,& COMMITTEE MEMBERS WAS CHANGED TO ALLOW THE MAXIMUM AMOUNT TO BE LOANED FROM \$25,000 TO THE MAXIMUM AMOUNT ALLOWED BY APPLICABLE LAWS AND REGULATIONS |