

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

Inter	nal Reven	nue Service		The organization may have to us	e a copy of this return to s	atisfy state repor	ting requiren	nents	Open	to Public Ins	pection
	For the	2009 calend	dar year,	or tax year beginning 10/0	)1 , 20	09, and endir	ng 9/:	30	,	2010	
В	Check if a	applicable		С				D Employ	er Identıfı	cation Number	
•	Addr	ress change	Please use IRS label	CREDIT UNION 1				92-0	00214	81	
	Nam	ne change	or print or type	1941 ABBOTT ROAD				E Telepho	ne numbe	er	
	Initia	al return	See specific	ANCHORAGE, AK 9950	17			907-	-339-	9485	
	Tern	nınatıon	Instruc- tions.								
	X Ame	ended return						G Gross re	eceipts \$	47,628,	451.
ı	Appl	lication pending	F Name a	and address of principal officer			H(a) Is this	a group retur			X No
•	<u> </u>		SAME A	AS C ABOVE				affiliates incl	-	Yes	No
	Tax-e	exempt statu			4947(a)(1) or	527	IT NO,	attach a list	(see instri	uctions) —	
<u>  [                                   </u>		site: N/					H(c) Group	exemption nu	mber ►		
<u>(1</u>	Form o	of organization	X Corpora	ation Trust Association	Other ►	L Year of Forma				gal domicile AK	
Pa	rt I	Summa						<del></del>			
				ganization's mission or most s	significant activities	HELP MEM	BERS A	CHIEVE	THEI	R FINANC	IAL
a)				SING ON EXCELLENT S							
anc											
Ë	_	<b></b> _		<b></b>	<b></b>	<b></b>					
Š		Check this bo		if the organization discontinu-		lisposed of m	ore than 2	5% of its	_ 1		_
				bers of the governing body (F		l 163			3	<del></del>	
ies,				nt voting members of the gove	erning body (Part VI,	line (b)		İ	5		<u>6</u> 349
Z.Z				byees (Part V, line 2a) teers (estimate if necessary)					6		243
P P				business revenue from Part V	III. column (C), line 1	2			7a	195.	325.
FE .				s taxable income from Form 9					7 b	-129,	
SCREWEINES PRACTIVITIES & Bovernance		<del></del>			90-T, line 34 UNI STATUR UNI RECEIVE	D	Р	rior Year		Current Ye	
	8 0	Contributions	and oran	nts (Part VIII, line 1h)	BECKIAL		<u> </u>			<u> </u>	
<b>F</b>			_		4.4.4	2014	36	,899,3	18.	38,245,	282.
8	10 II	nvestment in	come (Pa	nue (Part VIII, line 2g) art VIII, column (A), lines 3, 4 III, column (A), lines 5, 6d, 8d	, and 7d) <b>[PR ] 4</b> '	<b>L</b> `		3,293,5		6,719,	605.
<b>流</b> とか			<b>U</b> (. U	, ++ (. 1), 5, +4,	AA	ZU .X.B		.,785,6		2,663,	
<u>M</u>	12 T	otal revenue	e – add lı	nes 8 through 11 (must equal	Part VIII-popular (A	Tine 12)	46	5,978,5		47,628,	
	13 (	Grants and s	ımılar amı	ounts paid (Part IX, column (	A), lines 1-3) <b>QUU</b>			9,0	00.	9,	000.
								F 017 701			
ģ	<b>15</b> S	Salaries, othe	er compei	nsation, employee benefits (P	'art IX, column (A), lii	nes 5-10).	15	5,017,781.		1 <u>6,561</u> ,	890.
Expenses	16a F	Professional	fundraisir	ng fees (Part IX, column (A),	line 11e)		<u> </u>				
xpe	ь⊤	Total fundrais	sing expe	nses (Part IX, column (D), lin	e 25) 🕨						
Ш	17	Other expens	ses (Part	IX, column (A), lines 11a-11d	, 111-241)	1571	7 25	5,913,086. 24,4			738.
	18 T	Total expens	es Add li	nes 13-17 (must equal Part I)	(, column (A); (ine 25	MED .	40	),939,8	67.	40,998,	628.
				s Subtract line 18 from line 1			6	5,038,6	67.	6,629,	823.
ъ <u>8</u>					APR 11	2014 10	Begir	nning of Y	ear	End of Ye	ar
Not Assets or Fund Balancos	20 T	Total assets	(Part X, Iı	ine 16).	AFR	2014	676	5,723,8		719,339,	
A B	21 T	Total liabilitie	s (Part X	, line 26)	I have a second	The second second	606	5,368,0	18.	642,790,	999.
25	22 N	Vet assets or	fund bala	ances Subtract line 21 from I	ine 20		70	355,7	97.	76,548,	187.
Pa	rt II		ure Blo								
		Under penaltie	s of perjury,	I declare that I have examined this return of papers (other than of	irn, including accompanying	schedules and sta	itements, and	to the best o	f my know	vledge and belief, if	is
		true, correct, a	and complete	eclaration of proparer (other than of	icer) is based on all informa	ition of which prep	arer has any	knowledge/			
Sig	gn 💮			X/E				4/1//	<u>/</u>		
He	re	Signature	of officer				Da	ate //			
			NEWINS				PRES	IDENT			
_		Type or pr	rint name an	d title	<u></u>			<del></del> _			
_						Date		heck if elf-	Prej (see	parer's identifying r e instructions)	number
Pa		Preparer's									
Pro	e- rer's	signature SELF-PREPARED									]
Us		Firm's name (or yours if self-									
Or		employed), address, and	<b>▶</b>				E	IN ► [			
	<del></del>	ZIP + 4					Р	hone no	Γ	[10]	1
				with the preparer shown above				· · · · · · · · · · · · · · · · · · ·		X Yes	No
BA	A Fori	Privacy Act a	and Pape	rwork Reduction Act Notice,	see the separate inst	ructions.		TEEA0113L	12/29/0	9 Form <b>99</b> 0	(2009)

Form	n 990 (2009) CREDIT UNION 1	92-0	02148	1		Page 2
Par	rt III Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission' HELP MEMBERS ACHIEVE THEIR FINANCIAL GOALS BY FOCUSING ON EXCEL VALUE.	LENT SER	VICE .	AND		
						<u>-</u>
2	Did the organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?	on the prior		Yes	X	No
3	If 'Yes,' describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program s	services?		Yes	X	No
4	If 'Yes,' describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported	ces by expen and allocatio	ses Se ns to otl	ction 5 ners, t	601(c) he tot	(3) al
4 a	a (Code:) (Expenses \$including grants of \$ PROVIDE SERVICES TO ELIGIBLE MEMBERS		\$			)
4h	b (Code) (Expenses \$ including grants of \$	) (Revenue	\$			
40	c (Code:) (Expenses \$ including grants of \$	) (Revenue	\$			
	d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue e Total program service expenses	\$			)	

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A. 2 X Is the organization required to complete Schedule B. Schedule of Contributors? 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 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 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 5 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, 6 Х Part I 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 X complete Schedule D, Part III 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 9 Х Schedule D, Part IV 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 Х is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII. VIII. IX, or X 11 X as applicable • 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 • 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 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 No Yes 12AWas the organization included in consolidated, independent audited financial statement for the tax X year? If 'Yes.' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 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 Х 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 Х 16 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 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 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 Х Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

	•		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		Х
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 27 If 'Yes,' complete Schedule I, Parts I and III	22	х	
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? <i>If 'Yes,' complete Schedule J</i>	23	х	
<b>24</b> a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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		
t	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.1/ <i>\$</i> } - <b>4.</b> 5
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		Х
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		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
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	х	
BAA		Form	n <b>990</b> (	(2009)

Form <b>990</b> (2009) CREDIT UNION 1 92-002148	1	F	age <b>5</b>
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			1
<b>b</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	Х	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 349	_		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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	Х	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Χ	
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)?	<b>4</b> a		Х
<b>b</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		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	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		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	 7a		
provided to the payor? <b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c 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  e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		-
benefit contract?	7 e		
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 7h	<b></b>	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
supporting organizations or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u>i</u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	L		

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. Part VI

Secti	on A.	Governing Body and Management					
						Yes	No
1 a l	Enter the	number of voting members of the governing body	1 a	7			
ы	Enter the	number of voting members that are independent	1 b	6			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business reprector, trustee or key employee?	elations	ship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed by or t s, directors or trustees, or key employees to a management company or other perso	under t on?	he direct supervision	3		X
		rganization make any significant changes to its organizational documents prior Form 990 was filed?			4		X
		rganization become aware during the year of a material diversion of the organization	n's ass	sets?	5		Х
6	Does the	organization have members or stockholders? SEE SCHEDULE O			6	Х	
		organization have members, stockholders, or other persons who may elect one or gloody? SEE SCHEDULE $\Omega$			7a 7b	Х	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?							
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
a	The gove	rning body?			8a	X	
b	Each cor	nmittee with authority to act on behalf of the governing body?			8ь	X	
9 Is there any officer, director or 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							
Sect	ion B.	Policies (This Section B requests information about policies not	requii	red by the Interna	1		
Rever	nue Code	)					
						Yes	No
		organization have local chapters, branches, or affiliates?			10 a	Х	
	and bran	does the organization have written policies and procedures governing the activities of the organization?			10 b		
		organization provided a copy of this Form 990 to all members of its governing body			11_	Х	L
		in Schedule O the process, if any, used by the organization to review this Form 990	o SI	EE SCHEDULE O	<u> </u>		
		organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X	
	to conflic				12b	Х	
		organization regularly and consistently monitor and enforce compliance with the pose O how this is done SEE SCHEDULE O	olicy? /	lf 'Yes,' describe in	12c	X	<u> </u>
		organization have a written whistleblower policy?			13	1	X_
		organization have a written document retention and destruction policy?			14	X	<del></del>
		process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	appro ecision	val by independent ?			
		nization's CEO, Executive Director, or top management official			15a	t —	<del>  ,,-</del>
		icers of key employees of the organization			15b		X
		o line 15a or 15b, describe the process in Schedule O (See instructions)					'
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or similaring the year?	r arran	gement with a taxable	16a		X
	in joint v	has the organization adopted a written policy or procedure requiring the organizatio enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to ev d the o	aluate its participation rganization's exempt	166	_	
		Disclosures					
17	List the	states with which a copy of this Form 990 is required to be filed - AK					
18	inspection	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	and 990	)-T (501(c)(3)s only) a	vaılab	le for	public
		website Another's website X Upon request					
		in Schedule O whether (and if so, how) the organization makes its governing docunts available to the public SEE SCHEDULE O					ancıal
		e name, physical address, and telephone number of the person who possesses the S_MASON, SVP, CFO_1941_ABBOTT_ROAD ANCHORAGE_AK_995			janiza - – –	tion 	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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	d not compen	sate a	ny (	curre	ent d	officer	, dır	ector, or trustee		
(A)	(B)				<b>c)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trus	_	a Key employee	Highest compensated employee		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 organizations
		ıstee	trustee		æ	pensated				<del></del>
ROGER ALDRICH	,	,							0.	0
CHAIRMAN	1	X	-				<del> </del>	0.	0.	0.
COLIN BAXTER SECRETARY	<u>1</u>	Х						0.	0.	0.
TIM CRAIG VICE CHAIRMAN	1	Х						0.	0.	0.
JOHN WEDDLETON DIRECTOR	1	Х						0.	0.	0.
FRED STASSEL EMERITUS	<sub>1</sub>	Х						0.	0.	0.
JOE TOWSLEE		X	-		-			0.	0.	0.
TREASURER STEVEN CAVIN	1			i						
DIRECTOR CARL MARKON	1	Х	<u> </u>					0.	0.	0.
DIRECTOR LESLIE ELLIS	11	Х			_			0.	0.	0.
PRESIDENT LISA MONSEN	40			Х				463,852.	0.	53,178.
EXECUTIVE VP	40		_	X				200,270.	0.	33,729.
TOM MASON SVP, CFO	40					х		146,826.	0.	27,546.
MARK RHODES VP	40					X		141,995.	0.	26,133.
SCOTT BUTTERWORTH SVP	40					Х		132,105.	0.	24,491.
TOM NEWINS SVP	40					х		119,273.	0.	28,461.
DAVID MOORE		<del> </del>	T	$\vdash$	<del>                                     </del>	<del>  ^</del>	H	223,273.		
MANAGER	40	ļ. <u> </u>	_	_		Х	-	102,931.	0.	20,343.
		-	$\vdash$				<u> </u>			
										Form 990 (2000)

Part VII   Section A. Officers, Directors, Trus (A)	(B)				c)	<del>,</del>	Ť	(D)	(E)	1	(F)	<i>in.,</i>
Name and Title	Average	Position (check all that apply)				hat ag	oply)	Reportable	Reportable		Estimate	d
	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)	am co	ount of o mpensati from the ganization and relate ganization	other tion t on ed
		ļ 								_		
					_							
										ļ		<del></del>
		_										
			_		ļ					-		
			i									
1 b Total							<b>&gt;</b>	1,307,252.	0		213,	
2 Total number of individuals (including but not limite	d to tho	se li	stec	d ab	ove)	) wh	o re	ceived more than	\$100,000 in repo	table co	mpen	satıo
from the organization											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trust	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee	3		Х
For any individual listed on line 1a, is the sum of rethe organization and related organizations greater individual	portable than \$15	e co 50,00	mpe 00?	nsa If 'Y	tion ′es′	and corr	l oth	er compensation le Schedule J for	from such	4	X	-
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete So	compens	satio J for	n fr	om . ch p	any <i>ersc</i>	unre	elate	ed organization fo	r services	5		x
Section B. Independent Contractors												
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t co	ntra	ctors	s tha	at received more t	nan \$100,000 of			
(A) Name and business addres	ss							Description	of Services	Comp	(C) ensati	on
											··.	
		_							1			

Table   Tabl	Pai	t VIII Statement of Revenue				· · · · · · · · · · · · · · · · · · ·
The Floor of Part   The Part		•	<b>(A)</b> Total revenue	Related or exempt function	Unrelated business	Revenue excluded from tax under sections
December	y ,,	1 a Federated campaigns 1 a				
2a INTEREST FROM LOANS	ANT	· -				
2a INTEREST FROM LOANS	a Š	•				
2a INTEREST FROM LOANS	FIS	· -				
2a INTEREST FROM LOANS	S. ₹	-				
2a INTEREST FROM LOANS	Sis	, , , ,				
2a INTEREST FROM LOANS	돌핌	similar amounts not included above 1 f				,
2a INTEREST FROM LOANS	EO	· · · · · · · · · · · · · · · · · · ·				
2a INTEREST FROM LOANS	Š₹		ĺ			
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 Gross Rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less root or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 Gross income from fundraising events (not including 5 or Net income or (loss)  8 Desar or (loss) 8 Desar or other basis and sales expenses c Gain or (loss)  8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar	핗					
3   Investment income (including dividends, interest and other similar amounts)   6,719,520.   6,719,520.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   90,987.   90,987.     5   Royalties   90,987.   90,	EN I	2a INTEREST FROM LOANS	26,807,780.			26,807,780.
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 Gross Rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less root or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 Gross income from fundraising events (not including 5 or Net income or (loss)  8 Desar or (loss) 8 Desar or other basis and sales expenses c Gain or (loss)  8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar	R	b SERVICING FEES	11,105,238.		90,868.	
3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties  6 Gross Rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less root or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 8 Gross income from fundraising events (not including 5 or Net income or (loss)  8 Desar or (loss) 8 Desar or other basis and sales expenses c Gain or (loss)  8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar or (loss) 9 Desar or (loss) 8 Desar or (loss) 9 Desar	JCE.	c ORIGINATION FEES				
3   Investment income (including dividends, interest and other similar amounts)   6,719,520.   6,719,520.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   90,987.   90,987.     5   Royalties   90,987.   90,	Ę,					
3   Investment income (including dividends, interest and other similar amounts)   6,719,520.   6,719,520.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   90,987.   90,987.     5   Royalties   90,987.   90,	¥	e				
3   Investment income (including dividends, interest and other similar amounts)   6,719,520.   6,719,520.     4   Income from investment of tax-exempt bond proceeds   5   Royalties   90,987.   90,987.     5   Royalties   90,987.   90,	Ŗ,	f All other program service revenue			·	
Other similar amounts	8	g Total. Add lines 2a-2f ▶	38,245,282.			
Other similar amounts		3 Investment income (including dividends, interest and				
Second   S		other similar amounts).	6,719,520.		-	6,719,520.
O   Real   (i)   Personal	1	4 Income from investment of tax-exempt bond proceeds. ►				
Section   Sec						
Description		<u> </u>				
C Rental income or (loss)   90,987.   90,987.   90,987.     7a Gross amount from sales of assets other than inventory						i c
d Net rental income or (loss)  7a Gross amount from sales of (in) Securities (in) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  8 Gross income from fundraising events (in) of contributions reported on line 1c)  8 Gross income from gaming activities See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneus Revenue Business Code  11a CREDIT LIFE & DISABILITY 804, 370. 804, 370. Mag. 104, 457. c GAP FEES 596, 453. 596, 453. 596, 453. 596, 453. d All other revenue. 368, 047. 263, 590. 104, 457. c Total. Add lines 11a-11d		•				
7a Gross amount from sales of assets other than inventory  b Less' cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)  6a Gross income from fundraising events of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) form fundraising events c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities b Less direct expenses c Net income or (loss) from gaming activities a b Less cost of goods sold c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY		<del></del>		į		
Page 2016   Page		a Net remai income or (1055).	90,987.			90,987.
b Less cost or other basis and sales expenses c Garn or (loss) 85. 85. 85. 85. 85. 85. 85. 85. 85. 85.		/a Gross amount from sales of				
and sales expenses c Gain or (loss)  8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a CREDIT LIFE & DISABILITY b MISC c GAP FEES 596, 453. d All other revenue. 368,047. 263,590. 104,457. e Total. Add lines 11a-11d  > 2,572,577.		assets other than inventory 85.				
C Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses c Net income or (loss) from gaming activities  9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY b MISC See Part IV, line 19  a b Less direct expenses b Less cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY b MISC See Part IV, line 18  a b Less direct expenses b Less cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY See DISABILITY All of the revenue See Disability See Part IV, line 19  A b Less direct expenses c Net income or (loss) from sales of inventory  B Less direct expenses c Net income or (loss) from sales of inventory  B Less direct expenses c Net income or (loss) from sales of inventory  B Less direct expenses c Net income or (loss) from sales of inventory  B Less direct expenses c Net income or (loss) from sales of inventory						].
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a CREDIT LIFE & DISABILITY  MISC  596, 453.  4 All other revenue. 368, 047. 263, 590. 104, 457.  e Total. Add lines 11a-11d		· · · · · · · · · · · · · · · · · · ·	ļ			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY b MISC c GAP FEES 596, 453. 596, 453. 596, 453. d All other revenue. e Total. Add lines 11a-11d  2,572,577.			٥٥			0.5
(not including \$ of contributions reported on line 1c) See Part IV, line 18		u Net gail or (loss)	65.			85.
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY B 04, 370. 804, 370. b MISC B 03, 707. 803, 707. c GAP FEES 596, 453. 596, 453. d All other revenue. e Total. Add lines 11a-11d		(not including \$				}
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY B 04, 370. 804, 370. b MISC B 03, 707. 803, 707. c GAP FEES 596, 453. 596, 453. d All other revenue. e Total. Add lines 11a-11d	EVE	of contributions reported on line 1c)				
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY B 04, 370. 804, 370. b MISC B 03, 707. 803, 707. c GAP FEES 596, 453. 596, 453. d All other revenue. e Total. Add lines 11a-11d	2	See Part IV, line 18 a				ı
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY BN4, 370. BN4, 370. BN4, 370. BN4, 370. BN5, 370. BN6, 453. BN6, 453. BN6, 453. BN6, 453. BN6, 457.	THE	b Less direct expenses b				
b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY 804,370. 804,370.  b MISC 803,707. 803,707. c GAP FEES 596,453. 596,453. d All other revenue. 368,047. 263,590. 104,457. e Total. Add lines 11a-11d	0	c Net income or (loss) from fundraising events.				
b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a CREDIT LIFE & DISABILITY		9a Gross income from gaming activities See Part IV line 19				,
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11 a CREDIT LIFE & DISABILITY B MISC						
b Less cost of goods sold b		·				
b Less cost of goods sold c Net income or (loss) from sales of inventory    Miscellaneous Revenue   Business Code		10 a Gross sales of inventory, less returns				
c Net income or (loss) from sales of inventory         Miscellaneous Revenue         Business Code           11a CREDIT LIFE & DISABILITY         804,370.         804,370.           b MISC         803,707.         803,707.           c GAP FEES         596,453.         596,453.           d All other revenue.         368,047.         263,590.         104,457.           e Total. Add lines 11a-11d         2,572,577.         2,572,577.						
Miscellaneous Revenue         Business Code           11a CREDIT LIFE & DISABILITY         804,370.           b MISC         803,707.           c GAP FEES         596,453.           d All other revenue.         368,047.           e Total. Add lines 11a-11d         2,572,577.			i i			1
b MISC     803,707.     803,707.       c GAP FEES     596,453.     596,453.       d All other revenue.     368,047.     263,590.     104,457.       e Total. Add lines 11a-11d     2,572,577.						
b MISC     803,707.     803,707.       c GAP FEES     596,453.     596,453.       d All other revenue.     368,047.     263,590.     104,457.       e Total. Add lines 11a-11d     2,572,577.		11a CREDIT LIFE & DISABILITY	804,370.	804,370.		
c GAP FEES       596,453.       596,453.         d All other revenue.       368,047.       263,590.       104,457.         e Total. Add lines 11a-11d       ► 2,572,577.       2,572,577.					<del> </del>	
d All other revenue			<del></del>			
e Total. Add lines 11a-11d ▶ 2,572,577.					104,457.	
		e Total. Add lines 11a-11d				
		12 Total revenue. See instructions	47,628,451.	2,468,120.	195,325.	44,965,006.

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

	not include amounts reported on lines 7b, 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	9,000.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	751,029.			
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	12,240,404.	<del></del>		·
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,226,836.			
9	Other employee benefits	1,320,478.			
10	Payroll taxes	1,023,143.			
	Fees for services (non-employees)	1,025,145.		1	
	Management				
	b Legal	82,142.			
	Accounting	64,830.			
	Lobbying	01,030.			
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	1 Other	394,290.			
	Advertising and promotion	1,563,014.			
13	Office expenses	3,273,905.			
14	Information technology	1,267,747.			
15	Royalties				
16	Occupancy	1,651,368.			
17	Travel	207,470.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	108,469.			
20	Interest	6,832,545.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,333,091.			
23 24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	298,892.	,		
	below)	3,147,525.		<del> </del>	
	LOAN LOSS NCUSIF STABILIZATION EXP	1,573,754.			
		851,888.			
	COTHER EXPENSE	399, 932.		<del> </del>	
	POSTAGE AND SHIPPING	376,876.			-
	All other expenses	370,010.		<del> </del>	
25		40,998,628.			-
	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint	,,	7.7.1		
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<b>\</b>				Form <b>990</b> (2009)

Part X **Balance Sheet** (A) Beginning of year (B) End of year 19,727,079 1 30,116,860. Cash - non-interest-bearing 2 2,517,695 38,567,084. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 442,123,079. 423, 137, 907 7 Notes and loans receivable, net 8 Inventories for sale or use 9 16,311,463. 3,531,431 9 Prepaid expenses and deferred charges 52,721,134 10a Land, buildings, and equipment cost or other basis. 10a Complete Part VI of Schedule D 10b 17,421,506 33,736,411 10 c 35,299,628. **b** Less accumulated depreciation. 11 11 Investments - publicly-traded securities 186,731,509 12 148,796,720. 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 7,341,783 15 15 Other assets See Part IV, line 11 676,723,815 16 719,339,186. Total assets Add lines 1 through 15 (must equal line 34) 16 587,815,398 17 635,372,018. Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 669,440. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 11,866,000. 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 6,017,180 25 Other liabilities Complete Part X of Schedule D 606,368,018. 642,790,999. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines Ĕ 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Q R X and complete Organizations that do not follow SFAS 117, check here FUZD lines 30 through 34. 30

> 719,339,186. Form 990 (2009)

76,548,187.

76,548,187.

31

32

33

34

70,355,797.

70,355,797.

676,723,815.

8,124,352.

795,818.

6,623,163.

BALANCES

31

33

34

30 Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances.

Paid-in or capital surplus, or land, building, and equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form <b>990</b> (2009) CREDIT UNION 1	92-0021481		Pa	age <b>12</b>
Part 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?	L <sub>2</sub>	2 a		Х
b Were the organization's financial statements audited by an independent accountant?	_ 3	2 b	Χ	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O.	laın			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both.	were issued on a			
X Separate basis Consolidated basis Both consolidated and separate basis		-  -		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?		3 a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the required audit	3 b		

BAA

Form 990 (2009)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

CREDIT UNION 1 92-0021481 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

		(a) Donor advised	iulius	(b) Fullus	s and other act	Journs
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 dono funds are the organization's property, subject to	r advisors in writing that the the organization's exclusiv	e assets held in dono re legal control?	r advised	Yes	No
6	5 Did the organization inform all grantees, donors used only for charitable purposes and not for th purpose conferring impermissible private benefi	e benefit of the donor or do	ting that grant funds ronor advisor or for any	may be y other	Yes	☐ No
Pa	art II   Conservation Easements Complet	e if the organization ar	nswered 'Yes' to	Form 990, F	⊃art IV, line	7.
1	Purpose(s) of conservation easements held by	the organization (check all t	that apply)			
	Preservation of land for public use (e.g., red	creation or pleasure)	Preservation of a	n historically i	mportant land	area
	Protection of natural habitat		Preservation of c	ertified histori	c structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	n held a qualified conservati	ion contribution in the	form of a co	nservation eas	ement on the
				Hel	ld at the End o	f the Year
	a Total number of conservation easements			2a		
	<b>b</b> Total acreage restricted by conservation easem	ents		2 b		
	c Number of conservation easements on a certifie	ed historic structure included	d ın (a)	2c		
	$\ensuremath{\mathbf{d}}$ Number of conservation easements included in	(c) acquired after 8/17/06		_ 2 d		
3	Number of conservation easements modified, tr year ►	ansferred, released, extingu	uished, or terminated	by the organia	zation during t	he tax
4	Number of states where property subject to con	servation easement is locat	ted ►			
5	Does the organization have a written policy regard and enforcement of the conservation easement	arding the periodic monitori it holds?	ng, inspection, handli	ng of violation	ns, Yes	☐ No
6	Staff and volunteer hours devoted to monitoring during the year					
7	7 Amount of expenses incurred in monitoring, ins during the year	pecting, and enforcing cons	servation easements	Ś		

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
  - b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
    - (i) Revenues included in Form 990, Part VIII, line 1
    - (ii) Assets included in Form 990, Part X

170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Nο

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Does each conservation easement reported on line 2(d) above satisfy the requirements of section

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CRED]				92-002		Page 2
Part III Organizations Mainta	ining Collection	ons of Art, Histo	rical Treasures, or	Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply)	on accession and	d other records, chec	ck any of the following	that are a significant us	e of its collec	tion
a Public exhibition		1	or exchange programs			
<b>b</b> Scholarly research		e [ Other				
c Preservation for future gener						
4 Provide a description of the orga Part XIV					se in	
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part of	of the organization's co	llection?	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I <b>Arrangemen</b> unt on Form 9	<b>ts</b> Complete if o 190, Part X, line	rganization answer 21.	ed 'Yes' to Form 9	90, Part IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes	XNo
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ng table			
					Amount	_
c Beginning balance				1 c		
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance	/	NO D I V I		_ 1f]	X Yes	0.
2a Did the organization include an a					A Tes	∐No
Part V Endowment Funds Co		SEE PART XIV		00 Part IV June 10		
Part V Endowment Funds Co	(a) Current year				(e) Four ye	ars back
1 a Beginning of year balance	(a) Current year	(b) Filor year	(c) two years back	(u) Three years back	(e) rour ye	dia back
<b>b</b> Contributions					<del>                                     </del>	
					<del>-   </del>	
c Net Investment earnings, gains, and losses						
d Grants or scholarships					<del></del>	
e Other expenditures for facilities and programs		-				<del></del>
f Administrative expenses						<del></del>
g End of year balance.	<u> </u>					<del></del>
2 Provide the estimated percentag	=	balance held as				
a Board designated or quasi-endov		*				
<b>b</b> Permanent endowment ▶	<sup>\$</sup>					
c Term endowment	——*					
3a Are there endowment funds not organization by	in the possession	of the organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(i)	<del>                                     </del>
(ii) related organizations					3a(ii)	1
<b>b</b> If 'Yes' to 3a(ii), are the related of	organizations liste	ed as required on So	chedule R?		3b	+-
4 Describe in Part XIV the intende	_	· · · · · · · · · · · · · · · · · · ·				
Part VI Investments-Land, B				, line 10.		
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book '	Value
1 a Land			11,305,260.			5,260.
<b>b</b> Buildings			28,570,329.	7,321,550.	21,24	8,779.
c Leasehold improvements						
<b>d</b> Equipment	<u> </u>					
e Other .		·	12,845,545.	10,099,956.		<u>5,589.</u>
Total. Add lines 1a through 1e (Column	n (d) must equal	Form 990, Part X, o	column (B), line 10(c).)	<u> </u>		9,628.
BAA				Sched	dule <b>D</b> (Form 9	990) 2009

92-0021481

Page 3

Schedule D (Form 990) 2009 CREDIT UNION 1

Schedule D (Form 990) 2009 CREDIT UNION 1	92-0021	481 Page <b>4</b>
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	2 0001	101 1 ago 4
1 Total revenue (Form 990, Part VIII,column (A), line 12)		47,628,451.
2 Total expenses (Form 990, Part IX, column (A), line 25)		40,998,628.
3 Excess or (deficit) for the year Subtract line 2 from line 1		6,629,823.
4 Net unrealized gains (losses) on investments		-437,433.
5 Donated services and use of facilities		
6 Investment expenses		<del></del>
7 Prior period adjustments		
8 Other (Describe in Part XIV)	_	
9 Total adjustments (net) Add lines 4 through 8	_	-437,433.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9  Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	6,192,390.
1 Total revenue, gains, and other support per audited financial statements	1	47,628,451.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	<del>- '-+-</del>	47,020,101.
a Net unrealized gains on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants	<b>-</b>	
d Other (Describe in Part XIV)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	47,628,451.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		11/020/1021
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)  4b	$\dashv$ $\mid$	
c Add lines 4a and 4b.	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	47,628,451.
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Returi	
Total expenses and losses per audited financial statements	1	40,998,628.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	11-	· · · · · · · · · · · · · · · · · · ·
a Donated services and use of facilities 2a		
b Prior year adjustments 2b	7	
c Other losses 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	40,998,628.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)	_	
c Add lines 4a and 4b.	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	40,9 <u>98,628.</u>
Part XIV   Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this information	IV, lines 11 part to pro	o and 2b, Part V, ovide any additional
PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY		
ESCROW AMOUNT REPRESENTS MORTGAGE LOAN RESERVES.		
		In D. (Farres 000), 0000
BAA TEEA3304L 02/02/10	Schedu	le D (Form 990) 2009

Schedule () (-orm -y) 22-002/1461 PBTXXV   Supplemental information (continued)	Page 5
	<del></del>
	<b>-</b>
	<b></b> _

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

Department of the Treasury Internal Revenue Service	Comple	ete if the organizatio	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  Attatch to Form 990.	orm 990, Part IV, lines 2 0.	21 or 22.		Open to Public Inspection
Name of the organization						Employer identification number	cation number
CREDIT UNION 1						92-0021481	31
Part   General Information	General Information on Grants and Assistance	tance					
<ol> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ol>	nn records to substantiate the award the grants or assistants inzation's procedures for mor	ne amount of the grance? nce? nitoring the use of gr	ints or assistance, the grant funds in the United	rantees' eligibility for tl States	ne grants or assistand	ce, and	Yes XNo
=	<b>Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	ents and Organi received more the	izations in the Unit lan \$5,000. Check needed	ed States. Comple this box if no one r	te if the organizat ecipient received	tion answered 'Y more than \$5,00	es' to Form 30. Use
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	! I ! I						
	1 1						
	1 !						
	1 1	:					
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	1501(c)(3) and government organizations	organizations					0
س ا	ork Reduction Act Notice, s	ee the Instructions	structions for Form 990.	TEEA3901L 02/10/10	02/10/10	Schec	Schedule I (Form 990) 2009

OMB No 1545-0047 2009

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

SCHEDULE 1 (Form 990)

Schedule I (Form 990) 2009

Page 2 , 92-0021481

Schedule I (Form 990) 2009 CREDIT UNION 1

[Part: IIIN] Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(f) Description of non-cash assistance	•				idditional information.									
(e) Method of vatuation (book, FMV, appraisal, other)					rt I, line 2, and any ot		                 			 	           			 
(d) Amount of non-cash assistance					provide the information required in Part I, line 2,		             	             		, , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:		 
(c) Amount of cash grant	9,000.				rovide the informa					į				 
(b) Number of recipients	6												i i	1
(a) Type of grant or assistance	COLLEGE SCHOLARSHIPS				Part IV ( Supplemental Information. Complete this part to							 		111111111111111111111111111111111111111

BAA

Schedule I (Form 990) 2009

### SCHEDULE J (Form 990)

**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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CREDIT UNION 1

Part I Questions Regarding Compensation

Employer identification number 92-0021481

			Yes	No
1 a	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			1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
t	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 explain	1 b		
2	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?	2		
3	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  X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		:	
4	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?	4a		X
ŀ	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
•	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			ı
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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			
á	a The organization?	<u>5a</u>	<u> </u>	
ŧ	Any related organization?	5 b		
	If 'Yes' to line 5a or 5b, describe in Part III			
6	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			
á	a The organization?	6a	ļ	
ı	Any related organization?	6ь	ļ	
	If 'Yes' to line 6a or 6b, describe in Part III		]	
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III .	7_		
8	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 in Part III	8		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Page 2.

92-0021481

Schedule J (Form 990) 2009

CREDIT UNION 1

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

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

		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(II) Bonus and incentive compensation	(III) Other reportable compensation	other deterred compensation	Denents	(ח)-(ו)(a)	Form 990-EZ
LESTIE ELLIS	Θ	274,922.	175,000.	13,930.	42,817.	10,361.	$ \frac{517}{2}$	  -  -  -  -  -  -  -  -
	(E)	   	0			0.	0.	
LISA MONSEN	Θ	164,500.	35,000.		25,044.	8,685.		
	(ii)	 	0	0.		0.	0.	0.
TOM MASON	Ξ	131,683.	15,000.	143.	18,651.	8,895.	174,372	 
	(ii)	0	0.			0.		0.
MARK RHODES	Θ	131,410_			17,740.	8,393.	168,128.	0.
	(ii)	0	Ol	0.	0.	0.	0.	0.
SCOTT BUTTERWORTH	Θ	120,600.	10,000.	1,505				
	(ii)	0	0	0.			ျ	
	Θ			                 	 	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(ii)							•
	Ξ	1	           	;           		           	           	1 1 1 1
	(ii)		- 1					
	ω			             	           	             		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	               	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Θ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	€		ļ					
i	Ξ	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	▣							
	Θ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u></u>							Ē
	Ξ	1	1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1	
	(1)							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(1)	- 1						
	Ξ	             	1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 		
	▣							
	ε (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1 1 1 1 1	1 t t t		
BAA			<u>.</u>	TEEA4102L 02	02/02/10		Sche	Schedule J (Form 990) 2009

BAA

## SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

CREDIT UNION 1 [92-0021481
LOAN_TO_INTERESTED_PERSONS
THE CREDIT UNION HAS A WAREHOUSE LINE OF CREDIT WITH RESIDENTIAL MORTGAGE, LLC WITH
A BALANCE OF \$11.1 MILLION AS OF 9/30/09. ONE CURRENT BOARD MEMBERS, ROGER ALDRICH
AND ONE FORMER BOARD MEMBER, GEORGE PORTER, EACH OWN 32% OF RESIDENTIAL MORTGAGE.
THE TERMS OF THE LOAN ARE COMPETITIVE WITH OTHER SIMILAR PRODUCTS AVAILABLE AT OTHER
FINANCIAL INSTITUTIONS.
BUSINESS TRANSACTIONS
BUSINESS TRANSACTIONS BETWEEN THE CREDIT UNION AND INTERESTED PERSONS AS MEMBERS OF
THE CREDIT UNION WITH THE SAME TERMS OFFERED TO OTHER MEMBERS OF THE CREDIT UNION
WERE NOT INCLUDED ON SCHEDULE L.
EXPLANATION OF AMENDED RETURN
AMENDING RETURN FOR AUDIT ADJUSTMENT OF \$372,282 TO OTHER EMPLOYEE BENEFITS AND OTHER LIABILITIES NOT PREVIOUSLY REFLECTED.
<del>FORM 990,</del> PART-VI,-LINE-6-EXPLANATION OF GLASSES OF MEMBERS-OR-SHAREHOLDE
CREDIT-UNION ACCOUNT HOLDERS ARE MEMBERS
FORM-990, PART-VI, LINE-7A- HOW MEMBERS-OR SHAREHOLDERS ELECT-GOVERNING BODY
MEMBERS -CAN -VOTE -TO -ELECT- THE- GOVERNING -BODY -AT -THE -ANNUAL-MEETING
FORM-990, PART VI, LINE 11-FORM-990 REVIEW PROCESS
THE _990_WAS_REVIEWED AND APPROVED BY THE OFFICERS AND BOARD OF DIRECTORS BEFORE LT
WAS_FILED
FORM_990, PART_VI, LINE_12C - EXPLANATION_OF_MONITORING_AND_ENFORCEMENT OF CONFLICTS
EMPLOYEES_SIGN_ANNUALLY_THAT_THEY_HAVE_READ_AND_UNDERSTAND_THE_CONFLICTS_OF_INTEREST
POLICY_BOARD_OF_DIRECTORS_REPORT_IN_WRITING_ANY_CONFLICTS_OF_INTEREST_ANNUALLY
FORM 990, PART_VI, LINE_19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST