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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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DDCU COMMUNITY CREDIT UNION		D Employer identification number 36-6068452
	Doing Business As		E Telephone number (309) 796-7544
	Number and street (or P O box if mail is not delivered to street address) P O BOX 1550	Room/suite	G Gross receipts \$ 24,427,295
	City or town, state or country, and ZIP + 4 MOLINE, IL 61265		

F Name and address of principal officer TERRY BRAHM P O BOX 1550 MOLINE, IL 61265	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 3149
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I Tax-exempt status: 501(c)(3) 501(c)(14) (Insert no) 4947(a)(1) or 527

J Website: ▶ WWW.DDCU.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1935 **M** State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WORKING TOGETHER TO IMPROVE THE ECONOMIC WELL-BEING AND QUALITY OF LIFE FOR ALL MEMBERS THROUGH EXCELLENT SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	128
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	72,178
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-15,403
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,881,097	15,494,976
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,244,801	2,550,718
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,863,297	5,836,493
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,989,195	23,882,187
	14 Benefits paid to or for members (Part IX, column (A), line 4)	52,613	37,200
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,375,591	6,651,514
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	15,723,911	14,797,310
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	22,152,115	21,486,024
19 Revenue less expenses Subtract line 18 from line 12	837,080	2,396,163	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	425,674,744	436,146,349
	22 Net assets or fund balances Subtract line 21 from line 20	388,909,905	397,209,434

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2011-11-04 Date
	TERRY BRAHM, PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name: JOHN J ROMANO	Preparer's signature: JOHN J ROMANO	Date:	Check if self-employed <input type="checkbox"/>	PTIN:
	Firm's name: RSM MCGLADREY INC	Firm's EIN: ▶			
	Firm's address: 201 N HARRISON STREET SUITE 300 DAVENPORT, IA 528011999				Phone no: (563) 888-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

WORKING TOGETHER TO IMPROVE THE ECONOMIC WELL-BEING AND QUALITY OF LIFE FOR ALL MEMBERS THROUGH EXCELLENT SERVICE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
PROVIDE CONSIDERABLE LOANS TO MEMBERS TOTAL CONSUMER AND MORTGAGE LOANS PROVIDED WERE 11,850














4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
PROVIDED DEPOSITORY SERVICES TO APPROXIMATELY 37,039 MEMBERS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
PROVIDED CREDIT CARD SERVICES TO APPROXIMATELY 9,170 MEMBERS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	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? <i>If "Yes," complete Schedule D, Part VII.</i> 	Yes	
c	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? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	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? <i>If "Yes," complete Schedule D, Part IX.</i> 	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

<p>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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/></p>	<p>21</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/></p>	<p>22</p>		<p>No</p>
<p>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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/></p>	<p>23</p>	<p>Yes</p>	
<p>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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		
<p>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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/></p>	<p>26</p>	<p>Yes</p>	
<p>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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28b</p>		<p>No</p>
<p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i></p>	<p>34</p>		<p>No</p>
<p>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35</p>		<p>No</p>
<p>a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b. Values are provided for 1a (11,879), 1b (0), 2a (128), 7d, 7e, 7f, 7g, 7h, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, and 14b.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 2		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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 organization <input type="checkbox"/> TERRY BRAHM CEO 1900 52ND AVENUE MOLINE, IL 612661550 (309) 796-7544

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

Check if Schedule O contains a response to any question in this Part VII

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

• 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, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT GOMEZ CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
(2) STEVE KRATZBERG VICE CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
(3) TERESA VANDYKE SECRETARY-TREASURER	1 00	X		X				0	0	0
(4) ROBERT JECKS DIRECTOR	1 00	X						0	0	0
(5) WILLIAM RON TRICE DIRECTOR	1 00	X						0	0	0
(6) VINCENT PAPISH JR DIRECTOR	1 00	X						0	0	0
(7) FLOYD MITTON DIRECTOR	1 00	X						0	0	0
(8) WILLIAM LAUPER DIRECTOR	1 00	X						0	0	0
(9) JULIE GERMERAAD DIRECTOR	1 00	X						0	0	0
(10) TERRY BRAHM PRESIDENT/CEO	40 00			X				319,015	0	39,296
(11) KEVIN PIEPER VP/CLO	40 00			X				169,804	0	30,283
(12) JAY ENGLAND VP/CFO	40 00			X				172,711	0	24,033
(13) DEE CAROTHERS VP HUMAN RESOURCES	40 00					X		109,343	0	10,612

Part VIII Statement 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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼					
Program Service Revenue			Business Code			
	2a LOANS INTEREST	522100	14,369,728	14,369,728		
	b ATM FEES	522100	574,491	502,313	72,178	
	c LOAN FEES	522100	550,757	550,757		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▼		15,494,976			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		1,775,143		1,775,143	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss) ▼				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses		1,320,683		
		c Gain or (loss)		545,108		
		d Net gain or (loss) ▼		775,575		775,575
	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 a					
b Less direct expenses b						
c Net income or (loss) from gaming activities ▼						
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
Miscellaneous Revenue		Business Code				
11a OVERDRAFT CHARGES	522100	2,599,700	2,599,700			
b DEBIT CARD INCOME	522200	1,359,162	1,359,162			
c VISA CHARGE INCOME	522200	746,845	746,845			
d All other revenue		1,130,786	1,130,786			
e Total. Add lines 11a-11d ▼		5,836,493				
12 Total revenue. See Instructions ▼		23,882,187	21,259,291	72,178	2,550,718	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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	33,200			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,000			
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	770,873			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,239,205			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	234,512			
9	Other employee benefits	1,053,541			
10	Payroll taxes	353,383			
a	Fees for services (non-employees)				
	Management				
b	Legal	132,039			
c	Accounting	63,245			
d	Lobbying	2,500			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	6,750			
12	Advertising and promotion	768,205			
13	Office expenses	380,436			
14	Information technology	342,441			
15	Royalties				
16	Occupancy	383,639			
17	Travel	9,929			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	52,809			
20	Interest	7,155			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	963,562			
23	Insurance	132,743			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIVIDENDS PAID TO MEMBE	5,570,563			
b	PROVISION FOR LOAN LOSS	1,208,856			
c	NCUSIF EXPENSE	981,134			
d	SERVICE CHARGES & VISA	840,321			
e	ATM EXPENSE	477,419			
f	All other expenses	2,473,564			
25	Total functional expenses. Add lines 1 through 24f	21,486,024			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	33,675,071	2	30,337,157
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	917,032	5	1,354,429
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L		6	
	7 Notes and loans receivable, net	251,485,157	7	248,409,083
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,359,248	9	2,453,413
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	21,405,515		
	10b Less accumulated depreciation	6,071,273	10c	15,334,242
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	79,051,696	12	99,109,535
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	42,298,163	15	39,148,490
16 Total assets. Add lines 1 through 15 (must equal line 34)	425,674,744	16	436,146,349	
Liabilities	17 Accounts payable and accrued expenses	5,566,077	17	4,360,792
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	383,343,828	25	392,848,642
	26 Total liabilities. Add lines 17 through 25	388,909,905	26	397,209,434
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	36,764,839	32	38,936,915
33 Total net assets or fund balances	36,764,839	33	38,936,915	
34 Total liabilities and net assets/fund balances	425,674,744	34	436,146,349	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,882,187
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,486,024
3	Revenue less expenses Subtract line 2 from line 1	3	2,396,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,764,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-224,087
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,936,915

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	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		
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? <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		No
3b	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		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization DHCU COMMUNITY CREDIT UNION

Employer identification number 36-6068452

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,187,730		2,187,730
b Buildings		13,175,810	2,165,278	11,010,532
c Leasehold improvements				
d Equipment		5,551,591	3,678,434	1,873,157
e Other		490,384	227,561	262,823
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				15,334,242

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

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 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	DHCU IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF THE INTERNAL REVENUE CODE AND STATES OF ILLINOIS AND IOWA TAX LAWS IN JUNE 2006, GUIDANCE WAS ISSUED THAT CLARIFIES THE ACCOUNTING AND DISCLOSURE FOR UNCERTAIN TAX POSITIONS AND HOW THEY SHOULD BE REFLECTED IN THE FINANCIAL STATEMENTS DHCU ADOPTED THIS GUIDANCE ON APRIL 1, 2009, AND THERE WAS NO IMPACT ON THE FINANCIAL STATEMENTS UPON ADOPTION OR AS OF MARCH 31, 2010 WITH FEW EXCEPTIONS, DHCU IS NO LONGER SUBJECT TO U S FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2006 OVER THE PAST FEW YEARS, THE IRS HAS ISSUED A NUMBER OF TECHNICAL ADVICE MEMORANDUM (TAMS) TO STATE-CHARTERED CREDIT UNIONS ADDRESSING THE ISSUE OF WHETHER INCOME FROM CERTAIN ACTIVITIES THE CREDIT UNIONS ENGAGED IN WERE SUBJECT TO UNRELATED BUSINESS INCOME TAX EXAMPLES OF INCOME THAT THE IRS CONSIDERS SUBJECT TO UNRELATED BUSINESS INCOME TAX INCLUDE INSURANCE PRODUCTS, SECURITIES AND INVESTMENT PRODUCTS, AND FEES FROM NONMEMBER ATM USAGE TAMS ARE ISSUED BY THE IRS NATIONAL OFFICE, WHEN REQUESTED, IF THERE IS A DISAGREEMENT BETWEEN A TAXPAYER AND A REVENUE AGENT OR APPEAL'S OFFICER AS TO HOW TO INTERPRET AND APPLY THE INTERNAL REVENUE LAWS TO A SPECIFIC SET OF FACTS ALTHOUGH THESE TAMS HAVE NO PRECEDENTIAL VALUE, THEY SET FORTH THE IRS' POSITION THAT CERTAIN SOURCES OF INCOME ARE NOT RELATED TO THE EXEMPT PURPOSE OF A STATE-CHARTERED CREDIT UNION AND ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT) DHCU FILED AN INCOME TAX RETURN FOR ITS TAX YEAR ENDING DECEMBER 31, 2009 HOWEVER, THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES, AND INTEREST FOR ANY YEARS FOR WHICH NO TAX RETURN WAS FILED HOWEVER, RECENT COURT CASES HAVE RULED IN FAVOR OF CREDIT UNIONS AND CONCLUDED THAT THE SALE OF INSURANCE PRODUCTS, AND THE SALE OF FINANCIAL PRODUCTS AND SERVICES TO MEMBERS IS EXEMPT FROM UNRELATED BUSINESS INCOME TAX FURTHERMORE, THE RECENT COURT CASES SUGGEST THE IRS WOULD ONLY GO BACK SIX YEARS NOTWITHSTANDING THAT TAX RETURNS WERE NOT FILED FOR YEARS PRIOR BASED ON THESE RECENT COURT CASES, MANAGEMENT DOES NOT BELIEVE THAT INCOME TAXES FROM ACTIVITIES DEEMED UNRELATED WOULD HAVE A MATERIAL EFFECT ON DHCU'S FINANCIAL POSITION OR RESULTS OF OPERATIONS VARIOUS LEGAL CLAIMS ALSO ARISE FROM TIME TO TIME IN THE NORMAL COURSE OF BUSINESS WHICH, IN THE OPINION OF MANAGEMENT, WILL HAVE NO MATERIAL EFFECT ON DHCU'S FINANCIAL STATEMENTS

Additional Data

Software ID:
Software Version:
EIN: 36-6068452
Name: DHCU COMMUNITY CREDIT UNION

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
OTHER ASSETS	4,864
INTEREST RECEIVABLE	860,254
MORTGAGE BACKS	20,129,428
LOANS HELD FOR SALE	1,298,800
OTHER REAL ESTATE OWNED	530,889
VEHICLES IN PROCESS OF LIQUIDATION	53,430
EFTS	6,572,344
INVESTMENT IN FHLB OF CHICAGO	1,610,200
DELAYED PAYMENT - MBS	11,549
COMPENSATING BALANCE - ESI	340,000
PSCU CLEARING PREFUND ACCOUNT - VISA	170,600
NCUSIF CAPITALIZATION DEPOSIT	3,759,132
EXECUTIVE BENEFIT PLAN ASSETS	3,807,000

Schedule I (Form 990)

OMB No 1545-0047

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

2010

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization DHCU COMMUNITY CREDIT UNION

Employer identification number 36-6068452

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. 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. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for City of East Moline, United Way of the Quad Cities, and Family Museum.

2 Enter total number of section 501(c)(3) and government organizations 3
3 Enter total number of other organizations 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION ISSUES ALL FUNDS DIRECTLY TO THE RECIPIENT ORGANIZATION FOR USE AT THEIR DISCRETION OR TO THE APPLICABLE EDUCATIONAL INSTITUTION FOR APPLICATION TO THE STUDENT'S ACCOUNT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
DHCU COMMUNITY CREDIT UNION

Employer identification number

36-6068452

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>1b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>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?</p>	Yes									
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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:</p> <p>a The organization?</p>										
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>										
<p>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:</p> <p>a The organization?</p>										
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>										
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>										
<p>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.</p>										
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY BRAHM	(i)	241,399	50,200	27,416	18,877	20,419	358,311	0
	(ii)	0	0	0	0	0	0	0
(2) KEVIN PIEPER	(i)	138,099	25,335	6,370	10,017	20,266	200,087	0
	(ii)	0	0	0	0	0	0	0
(3) JAY ENGLAND	(i)	138,849	25,335	8,527	10,017	14,016	196,744	0
	(ii)	0	0	0	0	0	0	0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DHCU PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE 1A TRAVEL FOR COMPANIONS THIS BENEFIT IS OFFERED TO THE PRESIDENT OF THE ORGANIZATION THE ORGANIZATION INCLUDES THE AMOUNT IN REPORTABLE COMPENSATION OF THE PARTICIPATING INDIVIDUAL HEALTH CLUB DUES THIS BENEFIT IS OFFERED TO THE TOP MANAGEMENT OFFICIALS OF THE ORGANIZATION THE DUES ARE INCLUDED IN THE REPORTABLE COMPENSATION FOR THE PARTICIPATING INDIVIDUALS
	PART I, LINE 4B	PART I, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN IN 2010 SPONSORED BY DHCU TERRY BRAHM - \$96,000, JAY ENGLAND - \$8,364, AND DENISE CAROTHERS - \$4,068 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY DHCU ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2010

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization DHCU COMMUNITY CREDIT UNION

Employer identification number

36-6068452

Part I 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

Table with 3 main columns: (a) Name of disqualified person, (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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-6068452
Name: DHCU COMMUNITY CREDIT UNION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
STEVE KRATZBERG MORTGAGE		X	205,000	194,401		No	Yes		Yes	
TERESA VANDYKE MORTGAGE		X	121,000	109,689		No	Yes		Yes	
TERESA VANDYKE HOME IMPROVEMENT		X	19,000	11,988		No	Yes		Yes	
ROBERT GOMEZ 2004 CADILLAC		X	31,656	13,709		No	Yes		Yes	
WILLIAM LAUPER MORTGAGE		X	63,000	58,390		No	Yes		Yes	
JULIE GERMERAAD MORTGAGE		X	153,000	151,779		No	Yes		Yes	
JULIE GERMERAAD 2007 CHRYSLER		X	16,319	13,579		No	Yes		Yes	
VINCENT PAPISH 2010 FORD		X	30,239	9,358		No	Yes		Yes	
DEE CAROTHERS 2010 BUICK ENCLAVE		X	38,687	33,512		No	Yes		Yes	
KEVIN PIEPER MORTGAGE		X	218,558	201,789		No	Yes		Yes	
KEVIN PIEPER 2009 TOYOTA		X	32,054	24,326		No	Yes		Yes	
JAY ENGLAND 2002 LEXUS		X	20,263	6,148		No	Yes		Yes	
WILLIAM RON TRICE SHARE SECURED		X	15,181	13,648		No	Yes		Yes	
JULIE GERMERAAD BUSINESS MORTGAGE		X	104,000	102,605		No	Yes		Yes	
DEE CAROTHERS FIX EQUITY		X	120,000	34,429		No	Yes		Yes	
KEVIN PIEPER SIGNATURE		X	6,938	6,426		No	Yes		Yes	
KEVIN PIEPER SIGNATURE SPN		X	36,309	23,893		No	Yes		Yes	
KEVIN PIEPER HOME ADVANTAGE		X	41,800	41,424		No	Yes		Yes	
TERRY BRAHM 07 PORSCHE 911		X	65,000	65,000		No	Yes		Yes	
CHERYL FRAME MORTGAGE		X	240,000	238,336		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**

Name of the organization
DHCU COMMUNITY CREDIT UNION

Employer identification number

36-6068452

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		DHCU HAS MEMBERS THAT HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		DHCU HAS MEMBERS THAT HAVE THE RIGHT TO ELECT THE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		RSM MCGLADREY , INC , THE ACCOUNTING FIRM PREPARING THE 990 TAX RETURN FOR DHCU, WILL PRESENT THE FINAL FORM 990 TO THE BOARD OF DIRECTORS AND PROVIDE AN OVERVIEW OF THE INFORMATION REPORTED PRIOR TO THE FILING OF THE 990

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EXECUTIVES, MANAGERS, AND EMPLOYEES MUST AVOID ANY CONFLICTS OF INTEREST BETWEEN THEMSELVES AND DHCU SPECIFICALLY, NO EXECUTIVE, MANAGER, OR EMPLOYEE SHALL MAKE ANY INVESTMENT, ACCEPT ANY POSITION OR BENEFITS, PARTICIPATE IN ANY TRANSACTION OR BUSINESS ARRANGEMENT OR OTHERWISE ACT IN A MANNER THAT CREATES OR APPEARS TO CREATE A CONFLICT OF INTEREST WITH DHCU UNLESS SUCH PERSON MAKES FULL DISCLOSURE OF ALL FACTS AND CIRCUMSTANCES TO, AND OBTAINS THE PRIOR WRITTEN APPROVAL OF THE VICE PRESIDENT OF HUMAN RESOURCES ADDITIONALLY, DHCU REQUIRES ALL INTERESTED PERSONS DICLOSE ANNUALLY ANY RELATIONSHIP THAT COULD GIVE RISE TO A CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	IN JANUARY THE EXECUTIVE COMMITTEE COMPLETES THE PRESIDENT/CEO'S ANNUAL REVIEW BASED ON TWO SECTIONS 1 OBJECTIVE FACTORS BASED ON DHCUS FINANCIAL PERFORMANCE, AND 2 SUBJECTIVE FACTORS BASED ON HOW THE EXECUTIVE COMMITTEE FEELS THE PRESIDENT/CEO HAS PERFORMED THE DUTIES AND RESPONSIBILITIES OF HIS POSITION THIS PROCESS RESULTS IN A SUMMARY SCORE THAT IS APPLIED TO A SALARY RANGE TABLE THAT DETERMINES THE YEAR END BONUS PERCENTAGE AND ANNUAL BASE PAY INCREASE OF THE PRESIDENT/CEO THE ENTIRE PROGRAM WAS DEVELOPED BY BAUSCHKE AND ASSOCIATES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24F	PASSPORT BILLING EXPENSE TOTAL EXPENSES 462,755 EQUIPMENT RENTAL & MAINTENANCE EXPENSE TOTAL EXPENSES 451,663 MISCELLANEOUS EXPENSE TOTAL EXPENSES 244,442 BILL PAYER EXPENSE TOTAL EXPENSES 239,001 DATA PROCESSING EXPENSE TOTAL EXPENSES 230,044 REBATE EXPENSE TOTAL EXPENSES 184,571 MORTGAGE EXPENSE TOTAL EXPENSES 160,446 SUPERVISION EXPENSE TOTAL EXPENSES 93,433 EDUCATION EXPENSE TOTAL EXPENSES 86,789 FREE CHECK EXPENSE TOTAL EXPENSES 82,946 LEAGUE DUES & OTHER EXPENSES TOTAL EXPENSES 66,025 LOAN RECORDING FEE EXPENSE TOTAL EXPENSES 58,094 CONSUMER CREDIT REPORT EXPENSE TOTAL EXPENSES 49,656 REAL ESTATE TAX SERVICE TOTAL EXPENSES 17,359 CHEX SYSTEM/SCREENING EXPENSE TOTAL EXPENSES 14,307 SUBSCRIPTIONS & PUBLICATIONS EXPENSE TOTAL EXPENSES 14,066 FINANCIAL PLANNING EXPENSE TOTAL EXPENSES 7,865 ILLINOIS SALES TAX EXPENSE TOTAL EXPENSES 4,537 BROKERS FEE EXPENSE TOTAL EXPENSES 2,820 DHCU ERROR EXPENSE TOTAL EXPENSES 2,698 SAVINGS WRITE OFF EXPENSE TOTAL EXPENSES 1,156 CASH OVER(SHORT) EXPENSE TOTAL EXPENSES -155 CHECK LOSS EXPENSE TOTAL EXPENSES -954

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -224,087

Identifier	Return Reference	Explanation
		THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED ON A SEPARATE BASIS BY AN INDEPENDENT ACCOUNTANT. HOWEVER, THE STATEMENTS ARE AUDITED ON A FISCAL YEAR-END OF MARCH 31, 2011 WHILE THE ORGANIZATION'S TAX YEAR-END IS DECEMBER 31, 2010.