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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

2010

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2010 ca	lendar year, or tax year begin	nning 01-01-2010 and ending 12-31-20	10	D Emple	over i	dentification number	_
_		pplicable	C Name of organization NORTHERN STATES POWER ST P.	AUL CREDIT UNION			•		
Add	ress ch	nange	Doing Business As			41-0	4481	.60	
Nar	ne cha	nge	Doing Business As			E Telepl	hone	number	-
Inıt	al retu	rn	Number and street (or P O box	If mail is not delivered to street address)	Room/suite	(651	) 229	-2221	
Ter	mınate	d	825 RICE STREET			(001			_
_ Am	ended i	return	City or town, state or country, ar	nd ZIP + 4		<b>G</b> Gross	receip	ts \$ 2,606,655	
Ann	lication	n pending	ST PAUL, MN 55117						
, ,,	ileation	Pending	F N		T				_
			<b>F</b> Name and address of p LYNNE K SAXTON	orincipal officer	H(a) Is this	a group return i	for affilia	ates? Yes No	
			825 RICE STREET		H(h) Are a	ll affiliates inc	cluded	Yes $\Gamma_N$	J۸
			ST PAUL, MN 55117		1 ' '			(see instructions)	
<b>-</b> To:		npt status				up exempti			
I 142	k-exem	ipt status	501(c)(3)   501(c) ( 14 )	(Insert no )	4				
y W	ebsit e	e: 🕨 WW	W NSPSPCU ORG						
<b>K</b> Forn	n of ord	ganızatıon	Corporation Trust Associa	ation Other ►	<b>L</b> Year of fe	ormation 193	33	M State of legal domicile	_
				·				MN	
Pa	rt I	Sum	mary						
		•	_	sion or most significant activities					
ų.	<u> </u>	PROVID	E FOR OUR MEMBERS FINA	NCIAL NEEDS WITH EXCEPTIONALS	ERVICE AND	INTEGRIT	- Y		_
ê .	-								_
Ě									
Governance	2 (	Check th	nis box দ if the organization	discontinued its operations or disposed	of more than	25% of its	net a	ssets	
ى ئ	3 1	Number	of voting members of the gove	erning body (Part VI, line 1a)			3		7
Activities &	4 1	Number	of independent voting member	rs of the governing body (Part VI, line 1t	o)	. [	4		7
₽	5	Total nu	mber of individuals employed	ın calendar year 2010 (Part V, lıne 2a)		[	5	1	12
疲	6	Total nu	mber of volunteers (estimate i	ıfnecessary)			6		0
₹	7a <sup>-</sup>	Total un	related business revenue from	n Part VIII, column (C), line 12			7a		0
	ь	Net unre	lated business taxable incom	e from Form 990-T, line 34			7b		0
					Pri	or Year		Current Year	
	8	Contri	butions and grants (Part VIII	, lıne 1 h)			0		0
	_		- ,						
anu	9	Progra		, line 2g)		2,568,7	745	2,262,56	0
enueve		_	m service revenue (Part VIII	, line 2g)		2,568,7 27,8	-	2,262,56 162,31	
Revenue	9	Invest	m service revenue (Part VIII ment income (Part VIII, colu	,		27,8	-		. 7
Revenue	9 10	Invest Other Total	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through :	mn (A), lines 3, 4, and 7d )		27,8 7,5	364 593	162,31 2,00	7
Revenue	9 10 11 12	Invest Other Total :	m service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through :	mn (A), lines 3, 4, and 7d)		27,8	364 593 202	162,31 2,00 2,426,88	7 9 4 3 1
Revenue	9 10 11 12	Invest Other Total (12) Grants	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through :	mn (A), lines 3, 4, and 7d)		27,8 7,5 2,604,2	364 593 202 0	162,31 2,00 2,426,88	31
Revenue	9 10 11 12 13 14	Invest Other Total (12) Grants Benefi	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through : 	mn (A), lines 3, 4, and 7d)	ne	27,8 7,5	364 593 202 0	162,31 2,00 2,426,88	31
	9 10 11 12	Invest Other Total (12) . Grants Benefi	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through : 	mn (A), lines 3, 4, and 7d)	ne	27,8 7,5 2,604,2 1,079,6	364 593 202 0	162,31 2,00 2,426,88 703,72	31
	9 10 11 12 13 14 15	Invest Other Total (12) . Grants Benefi Salarie 10)	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through : 	mn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), lines 1	ne	27,8 7,5 2,604,2	364 593 202 0	162,31 2,00 2,426,88 703,72 675,40	31
	9 10 11 12 13 14 15	Invest Other Total r 12) . Grants Benefi Salarie 10) Profes	im service revenue (Part VIII ment income (Part VIII, colu revenue (Part VIII, column (A revenue—add lines 8 through i s and similar amounts paid (Pa ts paid to or for members (Part es, other compensation, emplo	mn (A), lines 3, 4, and 7d) A), lines 5, 6d, 8c, 9c, 10c, and 11e)  11 (must equal Part VIII, column (A), line art IX, column (A), lines 1-3)	ne	27,8 7,5 2,604,2 1,079,6	364 593 202 0 507	162,31 2,00 2,426,88 703,72 675,40	0 31 0 24
Expenses Revenue	9 10 11 12 13 14 15 16a b	Invest Other Total is 12) . Grants Benefi Salarie 10) Profes Total fu	im service revenue (Part VIII ment income (Part VIII, colurevenue (Part VIII, column (Arevenue—add lines 8 through is and similar amounts paid (Parts paid to or for members (Parts, other compensation, employed) sional fundraising fees (Part Indraising expenses (Part IX, column	mn (A), lines 3, 4, and 7d)	5 –	27,8 7,5 2,604,2 1,079,6 725,3	364 593 202 0 507 345	162,31 2,00 2,426,88 703,72 675,40	0 31 0 24 0 7
	9 10 11 12 13 14 15 16a b	Invest Other Total r 12) . Grants Benefi Salarie 10) Profes Total fu Other	im service revenue (Part VIII iment income (Part VIII, colurevenue (Part VIII, column (Arevenue—add lines 8 through is and similar amounts paid (Part spaid to or for members (Part es, other compensation, employed) sional fundraising fees (Part Indraising expenses (Part IX, column expenses (Part IX, column (A	mn (A), lines 3, 4, and 7d)	5 –	27,8 7,5 2,604,2 1,079,6 725,3	364 593 202 0 507 345 0	162,31 2,00 2,426,88 703,72 675,40	0 3 1 0 2 4 0 7 0
	9 10 11 12 13 14 15 16a b 17 18	Invest Other Total r 12) . Grants Benefi Salarie 10) Profes Total fu Other	im service revenue (Part VIII iment income (Part VIII, column (Arevenue — add lines 8 through is and similar amounts paid (Part Spaid to or for members (Part is paid to or for members (Part is, column fundraising expenses (Part IX, column expenses (Part IX, column (Aexpenses Add lines 13–17 (revenue (Part IX))	mn (A), lines 3, 4, and 7d)	5 –	27,8 7,5 2,604,2 1,079,6 725,3 1,498,1 3,303,1	364 593 202 0 507 345 0	162,31 2,00 2,426,88 703,72 675,40 1,152,64 2,531,77	7 0 4 3 1 0 2 4 0 7 0
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Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Invest Other Total r 12) .  Grants Benefi Salaria 10) Profes Total fu Other Total a Reven	im service revenue (Part VIII iment income (Part VIII, column (Part VIII, column (Part VIII), column (Part II), column (Part III), c	mn (A), lines 3, 4, and 7d)	Beginnin	27,8 7,5 2,604,2 1,079,6 725,3 1,498,1 3,303,1 -698,9 rg of Currer Year 56,676,5	364 593 202 0 507 345 0 176 128 926 <b>nt</b>	162,31 2,00 2,426,88 703,72 675,40 1,152,64 2,531,77 -104,89 End of Year 53,805,69	7 0 24 0 7 0 7 8 9 7
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May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

4e Total program service expenses►\$

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
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? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		Νο
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	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? If "Yes," complete Schedule D, Part VII.	11b		No
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? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes,"</i> complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Νo
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		N o
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page •
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements	Regarding	Other IRS	5 Filings	and Tax	<b>Compliance</b>

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1,656		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	. 1c	Yes	
2a	gaming (gambling) winnings to prize winners?		165	
	Statements filed for the calendar year ending with or within the year covered by this return	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule $O$	3b	Yes	
<del>l</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authori over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account			
	See instructions for fining requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accoun	its		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
U	were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requifile Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88 required?	99 as <b>7g</b>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. It the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
,	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	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?			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	13a		
b 13 a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		
b 13 a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
b 13 a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states	13a		

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

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)	1		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a		Νo
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		Νο
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 LYNNE SAXTON 825 RICE STREET

ST PAUL, MN 55117 (651) 229-2588

# 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 organiz	•	lated or	ganı	zatio	nco	mpen	sate	d any current office	r, dırector, or trust	ee
(A) Name and Title	(B) A verage hours	Posi t	(( tion ( hat a	(che		II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee  Key employee		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TIMOTHY VIRANT CHAIRMAN	7 50	х		Х				992	0	0
(2) TODD ALBERTSON VICE CHAIRMAN	7 50	х		Х				992	0	0
(3) SHARI SOWADA SECRETARY	7 50	х		х				992	0	0
(4) TODD NODES TREASURER	7 50	х		х				992	0	0
(5) KENNETH HAUCK ASSISTANT TREASURER	7 50	х		х				992	0	0
(6) DARYL MAJERES DIRECTOR	7 50	х						992	0	0
(7) VANISSA PETERSON DIRECTOR	7 50	х						992	0	0
(8) LYNNE SAXTON PRESIDENT	45 00			х				84,223	0	9,450
(9) MARY HOYLO-NELSON EXECUTIVE VICE PRESIDENT	40 00			х				83,492	0	9,270

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

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

week (describe hours for related organizations in Schedule O)    Discription   Discrip		<b>(A)</b> Name and Title	(B) Average hours	1	(tion that a			11		( <b>D)</b> Reportable compensation from the	(E) Reportable compensation		Estir amount	F) nated of other
Total from continuation sheets to Part VII, Section A			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-	5	fron organiza rela	n the ation and ated
Total (rom continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A					_									
Total from continuation sheets to Part VII, Section A					-									
Total from continuation sheets to Part VII, Section A					-									
Total from continuation sheets to Part VII, Section A					-									
Total from continuation sheets to Part VII, Section A					-									
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total from continuation sheets to Part VII, Section A														
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	b	Sub-Total			<del></del>	<u> </u>	<u> </u>	<u>.</u>	<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization \( \)00.000 in reportable compensation from the organization \( \)00.000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual \( \)00.000? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual \( \)00.000 in reportable compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person \( \)00.000 in the organization of the organization o	c													
\$100,000 in reportable compensation from the organization ▶0  Yes  Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	d	Total (add lines 1b and 1c) .							F	174,659		0		18,720
Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		•	-				ted	above	) who	received more tha	in			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual													Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								mploy •	ee, o	r highest compens	ated employee	3		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		organization and related organiz												
Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)			receive or accr	ue comi	• oensa	• ation	• fror	n anv	• unrel	ated organization	or individual for	4		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)				-						=	•	5		No
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  (B)  (C)	Se	ction B. Independent Cor	ntractors											
(A) (B) (C)		Complete this table for your five	e highest compe		ındep	ende	ent c	ontra	ctors	that received mor	e than			
Name and business dutiess		·	(A)							Desc			Comn	(C)
		Tru	a.ia basiness du							5636			301119	
<del></del>														

Form 99	0 (2010)  III Statement of Revenue			Pa	age <b>9</b>
Party	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	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 g Noncash contributions included in lines 1a-1f \$  h Total. Add lines 1a-1f	-			
Program Service Revenue	LOAN INTEREST 52210 b FEES AND CHARGES 52210 c INSURANCE REIMBURSEMEN 52210 d	0 2,122,374 0 133,095	133,095 7,091		
	Investment income (including dividends, interest and other similar amounts)	301,171			301,171
	(i) Securities (ii) Other  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)  -138,85  40 Net gain or (loss)  -138,85  60 Ross income from fundraising events (not including	4			-138,854
Other Revenue	\$ 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				
	b Less cost of goods sold b  c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code  11a MISCELLANEOUS INCOME  b  c d All other revenue	_	2,004		
	e Total. Add lines 11a-11d	2,004	2,264,564	0 orm <b>990</b> (2	

	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations musual other organizations must complete column (A) but are not required to complete column (B) but are not required to column (B) but are not required to continue to the column (B) but are not required to column (B) bu		ıs (B), (C), and		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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				
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	703,724			
5	Compensation of current officers, directors, trustees, and key employees	193,379			
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	332,847			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	42,645			
9	Other employee benefits	54,961			
10	Payroll taxes	51,575			
а	Fees for services (non-employees) Management				
b	Legal	22,009			
c	Accounting	23,463			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	13,043			
12	Advertising and promotion	42,304			
13	Office expenses	158,827			
14	Information technology	11,616			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26,619			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,319			
23	Insurance	24,635			
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 )				
а	PROVISION FOR LOAN LOSS	405,932			
b	LOAN SERVICING & PROCES	207,516			
c	MISCELLANEOUS EXPENSE	79,286			
d	NCUA CORPORATE STABILIZ	65,764			
e	NCUSIF PREMIUM EXPENSE	59,314			
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,531,778			
26	Joint costs. Check here ► ☐ 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				

Cash—non-interest-bearing	<b>(B)</b> End of year
2 Savings and temporary cash investments	
3 Pledges and grants receivable, net	2,458,475
4 Accounts receivable, net	20,852,591
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	
highest compensated employees Complete Part II of Schedule L	
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	
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	
8 Inventories for sale or use	
8 Inventories for sale or use	
8 Inventories for sale or use	29,216,842
10aLand, buildings, and equipment cost or other basis Complete Part VI of Schedule D374,329bLess accumulated depreciation	
Part VI of Schedule D         b       Less accumulated depreciation       10a         11       Investments—publicly traded securities       11         12       Investments—other securities See Part IV, line 11       12         13       Investments—program-related See Part IV, line 11       13         14       Intangible assets       14         15       Other assets See Part IV, line 11       1,226,843       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       56,676,585       16         17       Accounts payable and accrued expenses       319,038       17         18       Grants payable       18	25,487
11Investments—publicly traded securities	
12       Investments—other securities See Part IV, line 11	44,118
13       Investments—program-related See Part IV, line 11       .	
14       Intangible assets	
15       Other assets See Part IV, line 11	
16       Total assets. Add lines 1 through 15 (must equal line 34)       56,676,585       16         17       Accounts payable and accrued expenses .       319,038       17         18       Grants payable       18	
16       Total assets. Add lines 1 through 15 (must equal line 34)       56,676,585       16         17       Accounts payable and accrued expenses .       319,038       17         18       Grants payable       18	1,208,185
18 Grants payable	53,805,698
	338,251
19 Deferred revenue	
20 Tax-exempt bond liabilities	
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	
persons Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties 23	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities Complete Part X of Schedule D	47,617,580
<b>26 Total liabilities.</b> Add lines 17 through 25	47,955,831
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27	
through 29, and lines 33 and 34.	
through 29, and lines 33 and 34.  Unrestricted net assets	
28 Temporarily restricted net assets	
달 29 Permanently restricted net assets	
Organizations that do not follow SFAS 117, check here 🕨 🔽 and complete	
lines 30 through 34.	
	0
30 Capital stock or trust principal, or current runds	0
	5,849,867
33 Total net assets or fund balances	5,849,867
34 Total liabilities and net assets/fund balances	53,805,698

Ра	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			٦.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,4	126,88
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,5	531,77
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,9	954,76
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-
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		5,8	349,86
Pai	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual 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?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 i				
	Schedule O	•	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

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DLN: 93493131019101

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

emai R	evenue Service P- Attach to Fo	orm 990. F See separate instructions.			pection
	e of the organization HERN STATES POWER ST PAUL CREDIT UNION		Emp	loyer identification r	number
				0448160	1
Par	Organizations Maintaining Donor Ac organization answered "Yes" to Form 99		Funds	or Accounts. Co	nplete if t
	organization answered Tes to Form 33	(a) Donor advised funds	1 (	<b>b)</b> Funds and other a	ccounts
. 1	otal number at end of year	(4, 2000, 420, 504, 400, 504, 504, 504, 504, 504, 50	<del>  `</del>		
	Aggregate contributions to (during year)				
	Aggregate grants from (during year)				
	Aggregate value at end of year				
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the o		onor advi	_	Yes ┌ N
1	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit			r purpose	Yes ┌ N
art	Conservation Easements. Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, line	e 7.
   	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicatement on the last day of the tax year	on or pleasure) Preservation of a	ı certifie	cally importantly land historic structure onservation	d area
				Held at the End o	f the Year
a ·	Total number of conservation easements		2a		
ь .	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified his	toric structure included in (a)	2c		
d	Number of conservation easements included in (c) ac	equired after 8/17/06	2d		
1	Number of conservation easements modified, transfe the taxable year <b>!</b> Number of states where property subject to conserva		ted by th	e organization durinç	1
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of		Yes ┌ N
:	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easemen	ts during	; the year ► \$	
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	Г	Yes ┌ N
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financi	•	·	
art	Organizations Maintaining Collectio Complete if the organization answered "	ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	, or Otl	ner Similar Asse	ts.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu		
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research			•
1	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	
	If the organization received or held works of art, histo	orical treasures or other similar assets	for finan		
1	following amounts required to be reported under SFA:		ioi iiiiali	ciai gam, provide tile	
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$	

**b** Assets included in Form 990, Part X

Paru	Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	reasur	es, or U	tne	i Sillillai As	sets (	<u>continuea)</u>
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ie foll	lowing	that are	a significa	nt us	se of its collec	ion	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams			
b	Scholarly research		e	Γ	Other	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	v the	y furthe	er the or	ganızatıon	's ex	empt purpose	n	
	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,						┌ Yes	┌ No
Part	Part IV, line 9, or reported an an						answere	d "Y	es" to Form 9	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions oi	r other ass	ets r		┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing t	able		Г	Ι	An	nount	
c	Beginning balance							1c			
d	Additions during the year						F	1d			
e	Distributions during the year						T	1e			
f	Ending balance						 	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				L			┌ Yes	✓ No
	If "Yes," explain the arrangement in Part XIV									,	,
Par			n ans	were	ed "Ye	s" to F	orm 990.	Par	t IV, line 10.		
		(a)Current Year		Prior `			Years Back		Three Years Back	<b>(e)</b> 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 yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ac	lmınıstered	d for	the		
	organization by									Ye	S No
	(i) unrelated organizations			•				•	3a(		<del>                                     </del>
ь	(ii) related organizations								3a(		<u> </u>
ь 4	Describe in Part XIV the intended uses of th	•				• •		•			
- Pari						90. Pa	rt X. line	10.			
	<u>,                                     </u>	, = qaipiite			) Cost o		(b)Cost or		(c) Accumulate	ed	5
	Description of investment				sis (inve		basis (oth		depreciation	™ (d)	Book value
	and										
<b>1</b> a L											
	Buildings										
b E	Buildings		•								
b E	<b>J</b>		•				37-	4,329	330,	211	44,118
b E c L d E	easehold improvements		· ·				37-	4,329	330,	211	44,118

Part VIII Investments—Other Securities. See	<u>-orm 990, Part X, line 12</u>	2	
(a) Description of security or category	( <b>b)</b> Book value		d of valuation
(including name of security)	(2)Book failed	Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
O their			
	<del> </del>		
	<u> </u>		
	<del>                                     </del>	+	
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
Part VIII Investments—Frogram Related. See	T		d of valuation
(a) Description of investment type	(b) Book value		-year market value
	<del>                                     </del>	Cost of ella-of	- year market value
		1	
	<del> </del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin	<u>e 15.</u>		
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			
	5.)	<u></u>	
<b>Part X</b> Other Liabilities. See Form 990. Part X			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability			
1 (a) Description of Liability	, line 25.		
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
1 (a) Description of Liability	, line 25.		
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount		
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1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	
1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	, , , , , , <b>,</b>	

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
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	
	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Ret	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	]	
b	Other (Describe in Part XIV)	]	
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn
1	Total expenses and losses per audited financial statements	1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Par	t XIV Supplemental Information		
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P		

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 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

<b>Ident if ier</b>	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION DID NOT HAVE FINANCIAL STATEMENTS THAT REPORTED THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 FOR THE TAX YEAR ENDING 12/31/2010

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2010 Open to Public

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ 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.

Inspection

**Employer identification number** Name of the organization NORTHERN STATES POWER ST PAUL CREDIT UNION 41-0448160

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE CREDIT UNION'S MEMBERS HAVE RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY THE CREDIT UNION'S MEMBERS ALSO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS IN THE FORM OF CASH DIVIDENDS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR AS VACANCIES ARISE, OR OTHERWISE

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 IS PROVIDED TO EXECUTIVE STAFF AND BOARD FOR REVIEW AND QUESTIONS BEFORE FILING

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	BOARD OF DIRECTOR COMPENSATION IS VOTED ON BY MEMBERSHIP AT EVERY ANNUAL MEETING THIS IS A SMALL COMPENSATION (\$992 ANNUALLY) GIVEN TO ALLOW DIRECTORS COVERAGE BY THE CREDIT UNION WORKMAN'S COMPENSATION INSURANCE COMPENSATION FOR THE PRESIDENT IS DETERMINED BY THE PERSONNEL COMMITTEE AND APPROVED BY THE BOARD OF DIRECTORS CUNA'S SALARY AND COMPENSATION SURVEY IS USED TO DETERMINE SALARY RANGE BECAUSE IT CONTAINS INDUSTRY DATA ARRANGED BY CREDIT UNION SIZE AND GEOGRAPHIC AREA THE PRESIDENT DETERMINES SALARY LEVEL FOR THE EXECUTIVE VICE PRESIDENT AND OTHER STAFFF USING THE SAME SURVEY THESE RECOMMENDATIONS ARE APPROVED BY THE PERSONNEL COMMITTEE AND THEN THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE PROVIDED AT THE ANNUAL MEETING OF MEMBERS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST