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SCANNED JUN 6 9 2011

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u> </u>	ror the	2010 care	endar year, or tax year beginning	, 2010,	and endi	ng		, 20					
В	Check if	applicable	C Name of organization				D Employ	yer identification n	umber				
	Address	change	Doing Business As Riverview Ci	edit Union				41-6031223					
	Name ch	ange	Number and street (or P O box if mail	is not delivered to street address)	Room/si	urte	E Telepho	one number					
	Initial reti	-	115 Hardman Avenue South		651-224-4631								
	Terminate		City or town, state or country, and Z	IP + 4									
$\vec{\Box}$	Amended		South Saint Paul, MN 55075				G Gross r	eceints \$	239,922				
H		on pending	E 11	cer Julia Havens		H/o\ Joshu		tor affiliates? Yes					
	Аррисан	on penaing	115 Hardman Avenue South, So										
_			·					ncluded?					
<u> </u>		npt status		) ( 14 ) ◀ (insert no ) ☐ 4947(a)(1) or	527			_	15)				
<u>J</u>			w.myrcu.com				<del></del>	number -					
K		rganization		ation ✓ Other ► Non-profit L Y	ear of form	nation 1931	M State	of legal domicile	MN				
P	art I	Summ											
	1	-	<del>-</del>	ion or most significant activities:					ness				
a)		of a Cred	lit Union involving the receiving	of savings of members and lendir	ng money	to members	for provid	lent purposes.					
Š													
Activities & Governance	1												
Š	2	Check th	is box ▶ ☐ if the groanization disc	ontinued its operations or disposed of mor	ethan 25%	% of its net asset	S.						
Ğ			of voting members of the gove	-			3		7				
مخ در	1		<del>-</del>	s of the governing body (Part VI			<b>—</b>		6				
Ę				n calendar year 2010 (Part V, line		,	5		3				
Ξ̈				-			-						
Ac	1		•	necessary)			6	·	9				
	1		elated business revenue from				7a						
_	b	Net unrel	lated business taxable income	from Form 990-T, line 34	· · ·		7b						
	[				Ĺ	Prior Ye	ar	Current Yea	<u> </u>				
<u>a</u>	8	Contribut	tions and grants (Part VIII, line										
Revenue	9	Program	service-revenue (Part VIII, line		209,842		206,321						
Š	10								4,802				
Œ	11	Other rev	venue (Part-VIII, column (A), line	<del>-</del>	11,818	<del></del>	16,857						
				nust equal Part VIII, column (A), li	ne 12)		245,480 227,980						
				$\hat{X}$ , column (A), lines 1–3)					<del></del> -				
	14	Renefits	paid-to or for members (Part I)	(, column (A), line 4)	·	<u>-</u> -							
	15	Salariae	other compensation, employee		112,669		114,901						
Expenses				olumn (A), line 11e)			1,12,000	<del></del>	114,501				
ë						THE REPORT OF	allen e		* 5 P3				
꿃	1		draising expenses (Part IX, col				***************************************						
_	1		penses (Part IX, column (A), lin		_(		166,172		125,534				
	1	•	•	equal Part IX, column (A), line 25			278,841		240,435				
	19	Revenue	less expenses. Subtract line 1	8 from line 12			-33,361		-12,455				
ts or					ļ	Beginning of Cu	rrent Year	End of Yea	r				
sets	20	Total ass	sets (Part X, line 16)		[		,348,491	4,	508,036				
Net Assets Fund Balan	21	Total liab	oilities (Part X, line 26)		[	3	,409,327	3,	753,437				
žž	22	Net asse	ts or fund balances. Subtract I	ne 21 from line 20	[		939,164		754,599				
P	art II	Signal	ture Block										
Ur	nder penal	ties of periu	iry. I declare that I have examined this i	etum, including accompanying schedule	s and state	ements, and to t	he best of n	ny knowledge and I	belief, it is				
				officer) is based on all information of whi									
			TADA ATT	Julmo									
Sig	מני	Sign	eature of officer			Da	te						
He	-	I, 7	\	sident				2011					
H	:1 <del>C</del>	<b>I</b>	<del></del>	stdenc			<u>5-11-</u>	-2011					
		<u> </u>	or print dame and title	Prengrar's evanatura	15	late	<del>1</del>	PTIN					
Pa	id	Printery	rpe preparer's name	Preparer's signature	ا ا	ate	Check [	_] #					
	epare	r		<u> </u>			self-emp	loyed					
	se Only		name ►			Firm	n's EIN ►						
		Firm's a	address ►			Pho	ne no '						
Ма	y the IR	S discus	s this return with the preparer	shown above? (see instructions)		<u></u>		· · 🔲 Yes					
For	Paperw	ork Redu	ction Act Notice, see the separa	te instructions.	Cat	No 11282Y		Form 9	90 (2010)				





Other program services. (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

(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)? If "Yes,"			
•	complete Schedule A	1		<b>✓</b>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	<del> </del> -	✓
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		1
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 "Yes," complete Schedule C, Part II</i>	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		i
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		<b>√</b>
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		· ·
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	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.	; <sup>4</sup>		*
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>✓</b>	***************************************
b	- · · · · · · · · · · · · · · · · · · ·	11b		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√ √
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		<b>√</b>
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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	1	
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		<b>✓</b>
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	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		<b>\</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		· ·
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		<b>✓</b>
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_		✓
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		<b>√</b>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
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			
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,			
38	Part VI	37		<b>✓</b>
	197 Note. All Form 990 filers are required to complete Schedule O	38	✓_	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			Page
Fart	Check if Schedule O contains a response to any question in this Part V			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,
_	Statements, filed for the calendar year ending with or within the year covered by this return  2a 3	01-	-,-	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<b>✓</b>	⊢
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			1
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		<b>  •</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ĺ
	account)?	4a	[	1
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 Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b	1	
7	gifts were not tax deductible?	90		
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	,		
_	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
	required to file Form 8282?	_7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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 8899 as required?	7g	<b>├</b>	-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ.——	
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	}		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		<del> </del> -	-
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	}	,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		^	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			<b> </b>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	<b></b>	<del> </del>
а	is the diganization incensed to issue qualified health plans in more than one state:	Liva		

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

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand . . . . . . . . .

14a

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	O. See instructions.			
Cooti	Check if Schedule O contains a response to any question in this Part VI		•	
Secu	on 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   7			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>✓</b>
6 7a	Does the organization have members or stockholders?	6	<b>√</b>	
	of the governing body?	7a	1	
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	✓	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
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	<b>✓</b>	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	103	<b>√</b>
10a b	If "Yes," does the organization have written policies and procedures governing the activities of such	104		
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	l	1
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		✓_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b		<b>✓</b>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	with a taxable entity during the year?	16a		<b>✓</b> _
b	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		<u> </u>
-	List the states with which a copy of this Form 990 is required to be filed ▶ none			
17 18	List the states with which a copy of this Form 990 is required to be filed   none  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s only	y) ava	ulable
19	Own website Another's website  Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Julia Havens 115 Hardman Avenue South, South Saint Paul, MN 55075 (651) 224-4631	of the	• •••••	

Form	990	(2010)	١
CULLII	220	12010	ŀ

# 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. 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 no	r any relate	d org	anız	atic	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Tamara Snaza 8234 Claymore Court Inver Grove Heights, MN 55076	1 hr	1						0	0	0
(2) Richard Bauer 31227 Orton Drive Lindstrom, MN 55045	1 hr	1						0	0	0
(3) Warren Mitchell 1539 Stonewood Land Eagan, MN 55122	.50 hr	1						0	0	0
(4) Rollin Berg 1854 Alta Vista Drive Roseville, MN 55113	50 hr	1						0	0	0
(5) Stephen Hirte 8015 65th Street Court South Cottage Grove, MN 55016	.50 hr	1						0	0	0
(6) Larry Tobias 7332 Craig Avenue East Inver Grove Heights, MN 55076	.50 hr	1						0	0	0
(7) Julia Havens 5953 Bacon Avenue Inver Grove Heights, MN 55077	50 hrs	1						68,811	o	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)									-	
(14)										
(15)										
(16)						-	-			

rait	3ection A. Onicers, Directors, Tru	stees, Key	Empi	oyee	<del>2</del> 8, 8	ana	nigne	est	Compensated	Employees	cont	inuea)		
	(A) Name and title			(E) Reportable	table Estimated									
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	ns	comp fro orga and	ount of ther ensation m the nization related lization	1
(17)														
(18)														
(19)														
(20)														
(21)							-					_		
(22)														
(23)										-				
(24)							_							
(25)														
(26)														
(27)														
(28)		-											_	
1b	Sub-total							<b></b>	68,811	<del></del> -	0			0
C	Total from continuation sheets to Part							<b>&gt;</b>	68,811		0			0
d	Total (add lines 1b and 1c)	not limited					above	e) w		ore than \$10		0 in		
	reportable compensation from the organi	zation -											. 1	
3	Did the organization list any former of employee on line 1a? If "Yes," complete								loyee, or high	est comper	sate		Yes	
4	For any individual listed on line 1a, is the	sum of re	portal	ole d	com	per	nsatio	n a	nd other comp				, , ,	<b>✓</b>
		·										4	<u> </u>	1
5	Did any person listed on line 1a receive of for services rendered to the organization											al5		<b>√</b>
Section	on B. Independent Contractors									<del></del>				
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more thar	1 \$10 	00,000 of 		_
	(A) Name and business add	ress							(B) Description of si	ervices		(C) Compens	ation	
			-				-	<u> </u>						
2	Total number of independent contractor received more than \$100,000 in compens	rs (includir	ng bu	t no	ot 1	ımıt ıon	ed to	th	ose listed abo	ove) who	,			

Par	WILL	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
ts	1a	Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b	] !			
s, g	c	Fundraising events 1c	1			
ift.	d	Related organizations 1d	1			
s, g nila	e	Government grants (contributions) 1e	1			
ion ' sir	f	All other contributions, gifts, grants,	1			
Contributions, and other simi		and similar amounts not included above 1f				
tri	g	Noncash contributions included in lines 1a-1f \$	-			
Cor	h					
	<del>- ''-</del> -	Business Code				
ž.	20	Interest on Leave	206 221	206,321		
eve	2a	interest on Loans	206,321	200,321	<del></del>	<del> </del>
9	b		-			
Ξ	C					
Program Service Revenue	d					<del> </del>
	е					<del> </del>
160,	f	All other program service revenue .				<u> </u>
	g	Total. Add lines 2a-2f	206,321			, ,
	3	Investment income (including dividends, interest,	]			
		and other similar amounts)	16,744			16,744
	4	Income from investment of tax-exempt bond proceeds ►				<u> </u>
	5	Royalties				
		(i) Real (ii) Personal	<u> </u>			
	6a	Gross Rents		į.		
	b	Less: rental expenses	]	<i>A</i>	*	
	С	Rental income or (loss)	1			
	d	Net rental income or (loss) ▶				
	7a	Gross amount from sales of (i) Securities (ii) Other	.* ***		**	
		assets other than inventory	1			
	b	Less, cost or other basis	1 1			
		and sales expenses .	1 1	ě	· **	
	С	Gain or (loss)11,942	-  '	<b>\$</b>		
	ď	Net gain or (loss)	-11,942			-11,942
		That gam or (1888)	.,,			
e l	8a	Gross income from fundraising		-4 ®		*
evenue	54	events (not including \$				
		of contributions reported on line 1c).				
ř.	1	See Part IV, line 18 a	*	,		
Other R			<del> </del>			
Ö						
		Net income or (loss) from fundraising events .   Gross income from gaming activities.				
	9a	See Part IV, line 19 a			*2	
	١.	~ <u>~</u>	1			
		Less: direct expenses b				-
		Net income or (loss) from gaming activities		·		
	าบล	Gross sales of inventory, less				
		returns and allowances a	1			
	b	Less: cost of goods sold b		··········		
	<u>C</u>	Net income or (loss) from sales of inventory				<del>                                     </del>
		Miscellaneous Revenue Business Code				
	11a		3,036	3,036		
	ь	Late Charges	4,934	4,934		ļ <u>.</u>
	С	Interchange Income	2,696	2,696		
	d	All other revenue	6,191	6,191		
	е	<b>Total.</b> Add lines 11a–11d	16,857			
	12	Total revenue. See instructions	227.980	223,178		4.802

#### 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).

	not include amounts reported on lines 6b, Bb, 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			Ì	,
	U.S. See Part IV, lines 15 and 16			, , , , , , , , , , , , , , , , , , , ,	·
4	Benefits paid to or for members	29,128	•		٠,
5	Compensation of current officers, directors,				
	trustees, and key employees	68,811			
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	30,143			
8	Pension plan contributions (include section 401(k)		<u> </u>		
	and section 403(b) employer contributions)	5,918			
9	Other employee benefits	1,814			
10	Payroll taxes	8,215			
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	6,598			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		***		
g	Other	1,771			
12	Advertising and promotion	1,130			
13	Office expenses	4,516			
14	Information technology	17,320			
15	Royalties				
16	Occupancy				1
.0 17	Travel	689			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,657			
20			<del></del>		
20 21	Interest				
22	Depreciation, depletion, and amortization .	1,119			
23	Insurance	7,370			
23 24	Other expenses. Itemize expenses not covered	-,-,-			
24	above (List miscellaneous expenses in line 24f. If	, , ,		,	
	line 24f amount exceeds 10% of line 25, column		> w -		
	(A) amount, list line 24f expenses on Schedule O.)	•			
а	Program Expense	2,705			
b	Bank/Credit Card Expense	13,012	<del></del>	-	
C	Provision for Loan Loss	12,000			
d	Loan Santiaina Evnansa	6,619			
e	NCUSIF/Corporate Impairment Expense	8,848		1	
f	All other expenses	3,052		<del>                                     </del>	<del>                                     </del>
	Total functional expenses. Add lines 1 through 24f	240,435		<del>                                     </del>	<u> </u>
25 26	Joint costs. Check here ▶ ☐ If following	210,100			<del>                                     </del>
26	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			1	1

Pa	art X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
$\Box$	1	Cash-non-interest-bearing		40,835	1	32,669
	2	Savings and temporary cash investments	1,167,899	2	1,402,363	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
l	5	Receivables from current and former officers,	, directors, trustees, ke	<b>ә</b> у		
		employees, and highest compensated employ	ees. Complete Part II	of		
		Schedule L		142,072	5	117,302
s	6	Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of see employees' beneficiary organizations (see instru	ng '	6		
Assets	7	Notes and loans receivable, net		2,968,010	7	2,926,895
As	8	Inventories for sale or use			8	
	9			2,903	9	3,154
	10a	Land, buildings, and equipment: cost or		(4) Y (2) Y	7	
	.00	other basis. Complete Part VI of Schedule D	10a 3,	358	`.	, · · · · ·
	ь	Less: accumulated depreciation		705 1,772	10c	653
	11	Investments—publicly traded securities		11	-	
	12	Investments—other securities. See Part IV, line	25,000	12	25,000	
	13	Investments—program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	4,348,491	16	4,508,036	
	17	Accounts payable and accrued expenses		13,261	17	6,136
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
(O	21	Escrow or custodial account liability. Complete			21	
Liabilities	22	Payables to current and former officers,		ev		
Piii		employees, highest compensated employees,	and disqualified person	ıs.		
Ei				William Co. Age - Lybra William - Co.	22	Security of the security of th
	23	Secured mortgages and notes payable to unrela	ated third parties	3,396,066	23	3,747,301
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,409,327	26	3,753,437
		Organizations that follow SFAS 117, check h lines 27 through 29, and lines 33 and 34.	ere ▶ ☐ and comple	te		
S E	27	Unrestricted net assets			27	
3ale	28	Temporarily restricted net assets			28	
P	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, c complete lines 30 through 34.		*	***	
S	30	Capital stock or trust principal, or current funds			30	
set	31	Paid-in or capital surplus, or land, building, or e			31	
As	32	Retained earnings, endowment, accumulated in	come, or other funds .	939,164	32	754,599
et	33	Total net assets or fund balances	939,164	33	754,599	
Z	34	Total liabilities and net assets/fund balances .		4,348,491	34	4,508,036
						Form <b>990</b> (2010)

0	4	2
Page		_

Part						
	Check if Schedule O contains a response to any question in this Part XI			· · ·	. 🗆	
	Total revenue (revet equal Dest VIII est ves (A) has 40)	ایما				
1	Total revenue (must equal Part VIII, column (A), line 12)	-			27,980	
2	Total expenses (must equal Part IX, column (A), line 25)	2		240,435		
3	Revenue less expenses. Subtract line 2 from line 1	3		-12,455		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<del></del>			9,164	
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,	_				
<u> </u>	column (B))	6		75	4,599	
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII				. п	
				Yes	No	
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other		[	1		
•	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain i	<u> </u>			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		1	
b	Were the organization's financial statements audited by an independent accountant?				1	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt			
•	of the audit, review, or compilation of its financial statements and selection of an independent account					
	If the organization changed either its oversight process or selection process during the tax year, ex	olain ı	n 🗔	1		
	Schedule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ır wer	e			
_	issued on a separate basis, consolidated basis, or both:		ļ			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		l			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth i	n		<b></b>	
	the Single Audit Act and OMB Circular A-133?		. За	1	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	go th	e			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at	ıdits	3b			
			For	m <b>990</b>	(2010)	

#### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Employer identification number

Par	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.						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year .						
2	Aggregate contributions to (during year) .						
3	Aggregate grants from (during year) .						
4	Aggregate value at end of year						
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised				
	funds are the organization's property, subje						
6	Did the organization inform all grantees, do						
	only for charitable purposes and not for th	e benefit of the donor or donor advisor, o	r for any other purpose				
	conferring impermissible private benefit?	<u> </u>	· · · · · 🗀 Yes 🗌 No				
Par	Conservation Easements. Com	plete if the organization answered "Yes	s" to Form 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held						
	Preservation of land for public use (e.g.,	recreation or education) 🗌 Preservation	of an historically important land area				
	□ Protection of natural habitat	☐ Preservation	of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	ition in the form of a conservation				
	easement on the last day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements	• • • • •	2a				
b	Total acreage restricted by conservation ea		2b				
C	Number of conservation easements on a co		2c				
d	Number of conservation easements inclu historic structure listed in the National Regi		or on a				
3	Number of conservation easements modific						
3	tax year ►	sa, transferred, released, extinguished, or t	cirinated by the organization during the				
4	Number of states where property subject to	conservation easement is located					
5	Does the organization have a written po						
	violations, and enforcement of the conserve						
6	Staff and volunteer hours devoted to monit	oring, inspecting, and enforcing conservati	on easements during the year				
	<b>&gt;</b>	<u> </u>					
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	sements during the year				
	<b>▶</b> \$						
8	Does each conservation easement reported	d on line 2(d) above satisfy the requirement	s of section 170(h)(4)(B)				
	(i) and section 170(h)(4)(B)(ii)?		· · · · · 🗌 Yes 🗌 No				
9	In Part XIV, describe how the organization i	eports conservation easements in its rever	ue and expense statement, and				
	balance sheet, and include, if applicable, the		financial statements that describes the				
	organization's accounting for conservation						
Part		ections of Art, Historical Treasures,					
		wered "Yes" to Form 990, Part IV, line					
1a	If the organization elected, as permitted un						
	works of art, historical treasures, or other public service, provide, in Part XIV, the text						
	·						
b	If the organization elected, as permitted works of art, historical treasures, or other						
	public service, provide the following amour		education, of research in furtherance of				
	•		<b>▶</b> \$				
	<ul><li>(i) Revenues included in Form 990, Part VI</li><li>(ii) Assets included in Form 990, Part X</li></ul>		\$ \$				
2	If the organization received or held works	s of art, historical treasures, or other simi	lar assets for financial gain provide the				
~	following amounts required to be reported						
а	<del>-</del>						
b	Revenues included in Form 990, Part VIII, In Assets included in Form 990, Part X		· <b>&gt;</b> \$				

Part	III Organizations Maintaining Col	llections of a	Art, His	storica	l Treasures	, or Ot	ther Similar A	Assets (cor	ntınued)
3	Using the organization's acquisition, accelection items (check all that apply).	ession, and ot	her reco	ords, ch	eck any of th	e follov	wing that are a	significant	use of its
а	☐ Public exhibition		d		oan or exchai		-		
b	Scholarly research		е		ther	· • • • • • • • • • • • • • • • • • • •			
С	Preservation for future generations								
4	Provide a description of the organization's XIV.	s collections a	and expl	ain how	they further	the org	ganization's exe	empt purpo:	se in Part
5	During the year, did the organization solid	cit or receive	donatio	ns of ar	t, historical tr	easure	s, or other sim	ıılar	
	assets to be sold to raise funds rather than								s □ No
Part	IV Escrow and Custodial Arrange	ements. Cor	mplete	if the o	rganization a	answe	red "Yes" to I	Form 990,	Part IV,
	line 9, or reported an amount on								
1a	Is the organization an agent, trustee, cus			-			other assets	not	
								· 🔲 Yes	S □ No
b	If "Yes," explain the arrangement in Part X	IV and comple	ete the f	ollowing	table <sup>.</sup>		<u>,</u>		
								Amount	_
С	Beginning balance		-			10	;		
d	Additions during the year					10	1		
е	Distributions during the year					16			
f	Ending balance					11			
2a	Did the organization include an amount on		art X, lın	e 21? .				∐ Ye:	i ☐ No
	If "Yes," explain the arrangement in Part X				1007 11 1		00 0 107 1	40	
Par									ears back
		) Current year	(D) Pr	or year	(c) Two year	s back	(d) Three years ba	ick (e) Four y	ears back
1a	Beginning of year balance								*,
b	Contributions							<u> </u>	,
С	Net investment earnings, gains, and losses						, +		
							* **	· · · · · · · · · · · · · · · · · · ·	
d	Grants or scholarships				+			<del>-   `</del>	
е	programs						6		
f	Administrative expenses							*	<del>-</del>
g	End of year balance				+		* · · · ·		
2	Provide the estimated percentage of the year	ear end balan	ce held	as.	Ł		<u>`</u>	. 44.	
a	Board designated or quasi-endowment			<b>u</b> o.					
b	Permanent endowment ▶ %								
c	Term endowment ▶ %								
3a	Are there endowment funds not in the pos	ssession of th	e organ	ization 1	that are held	and ad	ministered for	the	
	organization by							[\bar{\bar{\bar{\bar{\bar{\bar{\bar{	'es No
	(i) unrelated organizations							. 3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" to 3a(II), are the related organization							. 3b	
4	Describe in Part XIV the intended uses of t								
Part	VI Land, Buildings, and Equipmen	nt. See Form	<u> 990, F</u>	Part X, I	ine 10.				
	Description of investment	(a) Cost or oth		(b) Cos	st or other basis (other)		Accumulated epreciation	(d) Book	value 
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment			<u> </u>	3,358		2,705		653
е	Other	<u> </u>		<u> </u>	(5)				
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 99	90, Part	X, colur	nn (B), line 10	(c) )	•		653

(a) Description of security or category (bit Book value   Cost or end-of-year market value	Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.
	(8		(b) Book value	
	(1) Financia	I derivatives		
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(3) Other			
Col.				
(G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Fig.				
(G) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
Gi   Hi   Gi   Gi   Hi   H				
Total, (Column (b) must equal Form 990, Part X, col. (B) line 12) ►				
Investments - Program Related. See Form 990, Part X, line 13.		(1) 15 15 200 Part V (1/2) bre 10 )		
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e			•	( lun 10
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (a) Description (b) Book value (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Part VIII			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must aqual Form 990, Part X, col. (B) line 13.) ►  Part X Other Assets. See Form 990, Part X, col. (B) line 15.)  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, col. (B) line 25.  1. (a) Description of liability (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, col. (B) line 25.  1. (a) Description of liability (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 25.)  1. (a) Description of liability (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 25.)  2. (a) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  3. (b) Amount (1) Formal (column (b) must equal Form 990, Part X, col. (B) line 25.)  4. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B) line 25.)  5. (c) Expression (column (b) must equal Form 990, Part X, col. (B)		(a) Description of investment type	(b) Book value	
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organization's liability for uncertain tax positions under FIN 48 (ASC 740)	O EINI 49 /	ASC 740) Footpote In Part XIV provid	e the text of the footnote t	o the organization's financial statements that reports the
	organizatio	on's liability for uncertain tax positions	under FIN 48 (ASC 740)	

art	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
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	
3	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
0	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
art	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:		
а	Net unrealized gains on investments	<b>」</b>	
b	Donated services and use of facilities	4	
С	Recoveries of prior year grants	4	
d	Other (Describe in Part XIV.)	4	
е	Add lines 2a through 2d	2e	
}	Subtract line 2e from line 1	3	
	Amounts 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	4 1	
b	Other (Describe in Part XIV)	4-4-1	
С	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	or Poturn	
	Total expenses and losses per audited financial statements	1	
<u>:</u>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
a b	Prior year adjustments	╡	
C	Other losses	┪ ┃	
d	Other (Describe in Part XIV )	┪	
e	Add lines 2a through 2d		
-	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIV)	-	
C	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	-
	XIV Supplemental Information	1 9 1	

Schedule D (For		Page 5
Part XIV	Supplemental Information (continued)	
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#### **SCHEDULE L** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

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

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

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

Pai	Excess Benefit Transactions Complete if the organization an	(section swered	501(c)(3) "Yes" or	) and section 501(c)(4 n Form 990, Part IV, I	I) organıza ıne 25a or	tions only). 25b, or For	m 990	)-EZ,	Part '	V, line	40b.	
1	(a) Name of disqualified person				(b) Description	on of transaction	on				(c) Corrected?	
											Yes	No
<u>(1)</u>				<del> </del>								
(2)			_							,		
(3)												
(4)							-					
(5)												
<u>(6)</u> 2	Enter the amount of tax imposed of	n the o	rganizati	ion managers or disc	qualified r	ersons dur	ina tl	26 1/6	ar			
_	under section 4958							l	<b>≥</b> \$	:		
3	Enter the amount of tax, if any, on lin	e 2. abo	ove. reim	bursed by the organi	zation .			1	<b>▶</b> \$			
		-,		,			-		•			
Par	Loans to and/or From Interes Complete if the organization an			n Form 990, Part IV, II	ne 26, or l	orm 990-E	Z, Pa	rt V, I	ine 38	Ba.		
	(a) Name of interested person and purpose	a) Name of interested person and purpose (b) Loan to or from the organization? (c) Onginal principal amount (d) Balance due		ance due	(e) In default?		(f) Approved by board o committee?		(g) W agreei			
		To	From				Yes	No	Yes	No	Yes	No
(1)	Julia Havens		1	14,000		12,748		✓	1		<b>✓</b>	
(2)	Larry Tobias		1	50,000		48,691		✓	1		<b>✓</b>	
(3)	Warren Mitchell		1	59,000		55,863		✓	1		✓	
(4)												
(5)												
(6)												
_(7)												
(8)		ļ	ļ									
(9)			ļļ.									
(10)	<del> </del>						x - 1		THE 2 SE SE.		*****************************	£ March 1
Tota						117,302	/4 A	<u> 36                                   </u>	45-30	T. Mai		
Par	Grants or Assistance Benefiti Complete if the organization an				ine 27							<del></del>
	(a) Name of interested person	( <b>b</b> ) Re	elationship	p between interested person and the organization (c) Amount and type of assistance			ce					
(1)												
_(2)		1						_				
_(3)		<del>                                     </del>										
(4)		<del> </del>				<del></del>						
(5)		<del> </del>			<u> </u>							
(6)		<del> </del>										
(7)		-										
(8)		<del></del>	•	· · · · · · · · · · · · · · · · · · ·								
(9)		+										
(10)		<del></del> _			<u> </u>							

Part IV	Business Transactions Invo	Iving Interested Persons. answered "Yes" on Form 99	0, Part IV, line 28a, 2	28b, or 28c.	<u>.                                      </u>	-30 -		
(a) Name of interested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	(e) Shanng of organization's revenues?		
					Yes	No		
(1)								
(2) (3) (4) (5) (6)					_			
(3)						<u> </u>		
(4)						-		
(6)					_	<del> </del>		
(7)		<del></del>			<del>-  </del>	<del>                                     </del>		
(8)								
(9)								
(10)						L		
Part V	Supplemental Information	additional information for ro	enonces to augetion	ns on Schedule L (see instruction	vac)			
	Complete this part to provide	additional information for re	sponses to question	is on schedule L (see instruction	JI 15).			
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#### SCHEDULE O (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 990-EZ or to provide any additional information.

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

41-6031223

Department of the Treasury Internal Revenue Service Name of the organization

**Riverview Credit Union** 

► Attach to Form 990 or 990-EZ.

Form 990, Part VI, Section A, Line 6: The Credit Union is comprised of a single class of 965 Member-Owners, each of
which has equal rights in ownership, governance and voting rights at the Annual Meetings.
Form 990, Par VI, Section A, Line 7A: The Member-Owners of the Credit Union have the authority to elect the members of
the Board of Directors and Supervisory Committee by a simple plurality vote. A member shall have but a single vote
regardless of the amount of share holdings.
Form 990, Part VI, Section A, Line 7B. Any amendments to the by-laws are voted on and ratified by the membership.
Form 990, Part VI, Section A, Line 9:
Tamara Snaza 8234 Claymore Court, Inver Grove Heights, MN 55076
Richard Bauer 31227 Orton Drive, Lindstrom, MN 55045
Warren Mitchell 1539 Stonewood Lane, Eagan, MN 55122
Rollin Berg, 1854 Alta Vısta Drive, Roseville, MN 55113
Stephen Hirte 1815 65th Street Court South, Cottage Grove, MN 55016
Larry Tobias 7332 Craig Avenue East, Inver Grove Heights, MN 55076
Julia Havens 5953 Bacon Avenue, Inver Grove Heights, MN 55077
Julia Harolis 5000 Daton Arteriacy in to Cross Heights, with east.
Form 990, Part VI, Section B, Line 15A: The full Board of Directors conducts a review and takes part in determining the
Presidents compensation.
and Dark VI. Section B. Line 15D. The Board Officer's and members do not receive any compensation for their
Form 990, Part VI, Section B, Line 15B: The Board Officer's and members do not receive any compensation for their
duties performed as Directors
Form 990, Part VI, Section C, Line 19. The Credit Union's financial statements are available to the public through posting
at the Credit Union office

chedule O (Form 990 or 990-EZ) (2010)			
Name of the organization	Employer identification number		
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