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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 DDCU COMMUNITY CREDIT UNION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 P O BOX 1550

City or town, state or country, and ZIP + 4
 MOLINE, IL 61265

D Employer identification number
 36-6068452

E Telephone number
 (309) 796-7544

G Gross receipts \$ 24,447,793

F Name and address of principal officer
 TERRY BRAHM
 P O BOX 1550
 MOLINE, IL 61265

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3149

I Tax-exempt status 501(c)(3) 501(c) (14) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.DDCU.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1935

M State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WORKING TOGETHER TO IMPROVE THE ECONOMIC WELL-BEING AND QUALITY OF LIFE FOR ALL MEMBERS THROUGH EXCELLENT SERVICE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	129
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	82,769
b Net unrelated business taxable income from Form 990-T, line 34	7b	-5,243	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,494,976	15,084,653
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,550,718	2,351,676
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,836,493	6,116,006
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,882,187	23,552,335
	14 Benefits paid to or for members (Part IX, column (A), line 4)	37,200	52,182
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,651,514	7,039,089
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,797,310	13,897,893
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,486,024	20,989,164
19 Revenue less expenses Subtract line 18 from line 12	2,396,163	2,563,171	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	429,574,005	437,165,945
	22 Net assets or fund balances Subtract line 21 from line 20	390,637,090	395,941,334

Part II Signature Block

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

Sign Here

 Signature of officer

TERRY BRAHM PRESIDENT/CEO
 Type or print name and title

2012-10-19
 Date

Paid Preparer's Use Only

Preparer's signature ▶ JOHN J ROMANO Date

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP
 201 N HARRISON STREET SUITE 300
 DAVENPORT, IA 528011999

Check if self-employed

Preparer's taxpayer identification number (see instructions) P00227323

EIN ▶ 42-0714325

Phone no ▶ (563) 888-4000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
 PROVIDE CONSIDERABLE LOANS TO MEMBERS TOTAL CONSUMER AND MORTGAGE LOANS PROVIDED WERE 8,096














4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 PROVIDED DEPOSITORY SERVICES TO APPROXIMATELY 38,211 MEMBERS

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 PROVIDED CREDIT CARD SERVICES TO APPROXIMATELY 9,723 MEMBERS

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

4e Total program service expenses \$

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 		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? <i>If "Yes," complete Schedule D, Part VIII.</i> 		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a (14,715), 1b (0), 1c (Yes), 2a (129), 2b (Yes), 3a (Yes), 3b (Yes), 4a (No), 5a (No), 5b (No), 5c, 6a (No), 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (No), 14b.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (2), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section 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 made these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made 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. TERRY BRAHM CEO, 1900 52ND AVENUE, MOLINE, IL 612661550, (309) 796-7544

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVE KRATZBERG CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
(2) TERESA VANDYKE VICE CHAIRMAN OF THE BOARD	1 00	X		X				0	0	0
(3) ROBERT JECKS DIRECTOR	1 00	X						0	0	0
(4) WILLIAM RON TRICE DIRECTOR	1 00	X						0	0	0
(5) VINCENT PAPISH JR DIRECTOR	1 00	X						0	0	0
(6) FLOYD MITTON DIRECTOR	1 00	X						0	0	0
(7) WILLIAM LAUPER DIRECTOR	1 00	X						0	0	0
(8) JULIE GERMERAAD JAMES SECRETARY / TREASURER	1 00	X						0	0	0
(9) ROBERT GOMEZ DIRECTOR	1 00	X						0	0	0
(10) TERRY BRAHM PRESIDENT/CEO	40 00			X				338,990	0	29,183
(11) KEVIN PIEPER EVP/CHIEF RISK OFFICER	40 00			X				174,422	0	26,039
(12) JAY ENGLAND EVP/CHIEF FINANCIAL OFFICER	40 00			X				176,670	0	26,039
(13) MATTHEW MCCOMBS EVP/CHIEF OPERATIONS OFFICER	40 00			X				60,625	0	5,269
(14) DENISA CAROTHERS VP HUMAN RESOURCES	40 00					X		111,891	0	6,672

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	LOANS INTEREST	Business Code 522100	13,862,000	13,862,000		
	b	LOAN FEES	522100	629,894	629,894		
	c	ATM FEES	522100	592,759	509,990	82,769	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		15,084,653			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,186,881		1,186,881	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	713,751	1,346,502	
	b	Less cost or other basis and sales expenses	72,002	823,456			
c	Gain or (loss)	641,749	523,046				
d	Net gain or (loss) ▶		1,164,795		1,164,795		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
11a	OVERDRAFT CHARGES	522100	2,475,403	2,475,403			
b	DEBIT CARD INCOME	522200	1,544,305	1,544,305			
c	VISA CHARGE INCOME	522200	715,231	715,231			
d	All other revenue		1,381,067	1,381,067			
e	Total. Add lines 11a-11d ▶		6,116,006				
12	Total revenue. See Instructions ▶		23,552,335	21,117,890	82,769	2,351,676	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	52,182			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	837,237			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,378,833			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	241,394			
9	Other employee benefits	1,188,960			
10	Payroll taxes	392,665			
11	Fees for services (non-employees)				
a	Management				
b	Legal	128,357			
c	Accounting	61,987			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	14,326			
12	Advertising and promotion	949,712			
13	Office expenses	368,278			
14	Information technology	460,778			
15	Royalties				
16	Occupancy	372,269			
17	Travel	15,877			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	50,082			
20	Interest	148			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	995,742			
23	Insurance	161,907			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIVIDENDS PAID TO MEMBE	3,711,365			
b	ATM EXPENSE	1,106,295			
c	SERVICE CHARGES & VISA	1,082,152			
d	NCUSIF EXPENSE	960,218			
e					
f	All other expenses	3,458,400			
25	Total functional expenses. Add lines 1 through 24f	20,989,164			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	124,439,223	2	92,473,554
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	1,354,429	5	1,925,468
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	248,409,083	7	301,548,631
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,453,413	9	3,054,098
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	21,799,565		
	b Less accumulated depreciation	7,003,783	10c	14,795,782
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	5,178,069	12	9,812,574
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	32,405,546	15	13,555,838
16 Total assets. Add lines 1 through 15 (must equal line 34)	429,574,005	16	437,165,945	
Liabilities	17 Accounts payable and accrued expenses	4,360,792	17	6,190,753
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	386,276,298	25	389,750,581
	26 Total liabilities. Add lines 17 through 25	390,637,090	26	395,941,334
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	38,936,915	32	41,224,611
33 Total net assets or fund balances	38,936,915	33	41,224,611	
34 Total liabilities and net assets/fund balances	429,574,005	34	437,165,945	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,552,335
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,989,164
3	Revenue less expenses Subtract line 2 from line 1	3	2,563,171
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,936,915
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-275,475
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	41,224,611

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?		No
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 36-6068452

Name: DHCU COMMUNITY CREDIT UNION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DHCU COMMUNITY CREDIT UNION

Employer identification number 36-6068452

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

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

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

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

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

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,187,730		2,187,730
b Buildings		13,354,916	2,619,371	10,735,545
c Leasehold improvements				
d Equipment		5,750,576	4,114,035	1,636,541
e Other		506,343	270,377	235,966
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,795,782

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CREDIT UNION IS EXEMPT FROM INCOME TAXES UNDER PROVISIONS OF THE INTERNAL REVENUE CODE AND STATES OF ILLINOIS AND IOWA TAX LAWS MANAGEMENT HAS EVALUATED THE CREDIT UNION'S TAX POSITIONS AND CONCLUDED THAT THEY HAVE TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS GENERALLY, THE CREDIT UNION IS NO LONGER SUBJECT TO U S FEDERAL OR STATE AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008 OVER THE PAST FEW YEARS, THE INTERNAL REVENUE SERVICE (IRS) HAS ISSUED A NUMBER OF TECHNICAL ADVICE MEMORANDUM (TAMS) TO STATE-CHARTERED CREDIT UNIONS ADDRESSING THE ISSUE OF WHETHER INCOME FROM CERTAIN ACTIVITIES THE CREDIT UNIONS ENGAGED IN WERE SUBJECT TO UNRELATED BUSINESS INCOME TAX EXAMPLES OF INCOME THAT THE IRS CONSIDERS SUBJECT TO UNRELATED BUSINESS INCOME TAX INCLUDE INSURANCE PRODUCTS (CREDIT LIFE AND DISABILITY, ACCIDENTAL DEATH AND DISMEMBERMENT, GAP, GROUP LIFE, HEALTH, CANCER AND DENTAL), SECURITIES AND INVESTMENT PRODUCTS AND FEES FROM NONMEMBER ATM USAGE TAMS ARE ISSUED BY THE IRS NATIONAL OFFICE, WHEN REQUESTED, IF THERE IS A DISAGREEMENT BETWEEN A TAXPAYER AND A REVENUE AGENT OR APPEAL'S OFFICER AS TO HOW TO INTERPRET AND APPLY THE INTERNAL REVENUE LAWS TO SPECIFIC SET OF FACTS ALTHOUGH THESE TAMS HAVE NO PRECEDENTIAL VALUE, THEY SET FORTH THE IRS' POSITION THAT CERTAIN SOURCES OF INCOME ARE NOT RELATED TO THE EXEMPT PURPOSE OF A STATE-CHARTERED CREDIT UNION AND ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT) THE CREDIT UNION FILED AN INCOME TAX RETURN FOR ITS UNRELATED BUSINESS INCOME BEGINNING WITH TAX YEAR ENDED DECEMBER 31, 2009 HOWEVER, THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES AND INTEREST FOR ANY YEARS FOR WHICH NO TAX RETURN WAS FILED HOWEVER, RECENT COURT CASES HAVE RULED IN FAVOR OF CREDIT UNIONS AND CONCLUDED THAT THE SALE OF INSURANCE PRODUCTS, AND THE SALE OF FINANCIAL PRODUCTS AND SERVICES TO MEMBERS IS EXEMPT FROM UNRELATED BUSINESS INCOME TAX FURTHERMORE, THE RECENT COURT CASES SUGGESTS THE IRS WOULD ONLY GO BACK SIX YEARS NOTWITHSTANDING THAT TAX RETURNS WERE NOT FILED FOR YEARS PRIOR THE IRS HAS DECIDED NOT TO APPEAL THE FINDINGS IN THESE CASES BASED ON THESE RECENT COURT CASES AND THE IRS DECISION TO NOT APPEAL THEM, MANAGEMENT DOES NOT BELIEVE THAT INCOME TAXES FROM ACTIVITIES DEEMED UNRELATED WOULD HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS VARIOUS LEGAL CLAIMS ALSO ARISE FROM TIME TO TIME IN THE NORMAL COURSE OF BUSINESS WHICH, IN THE OPINION OF MANAGEMENT, WILL HAVE NO MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL STATEMENTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

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

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
DHCU COMMUNITY CREDIT UNION

Employer identification number

36-6068452

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TERRY BRAHM	(i) (ii)	256,938 0	53,714 0	28,338 0	13,408 0	15,775 0	368,173 0	0 0
(2) KEVIN PIEPER	(i) (ii)	141,563 0	26,348 0	6,511 0	10,264 0	15,775 0	200,461 0	0 0
(3) JAY ENGLAND	(i) (ii)	141,563 0	26,348 0	8,759 0	10,264 0	15,775 0	202,709 0	0 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DHCU PROVIDES THE FOLLOWING TO INDIVIDUALS REPORTED IN PART VII, SECTION A, LINE 1A TRAVEL FOR COMPANIONS THIS BENEFIT IS OFFERED TO THE PRESIDENT OF THE ORGANIZATION THE ORGANIZATION INCLUDES THE AMOUNT IN REPORTABLE COMPENSATION OF THE PARTICIPATING INDIVIDUAL HEALTH CLUB DUES THIS BENEFIT IS OFFERED TO THE TOP MANAGEMENT OFFICIALS OF THE ORGANIZATION THE DUES ARE INCLUDED IN THE REPORTABLE COMPENSATION FOR THE PARTICIPATING INDIVIDUALS
	PART I, LINE 4B	PART I, LINE 4B THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) PLAN IN 2011 SPONSORED BY DHCU TERRY BRAHM - \$127,800, JAY ENGLAND - \$8,698, AND DENISE CAROTHERS - \$4,068 THE DOLLAR AMOUNT REPRESENTS THE CURRENT YEAR CONTRIBUTION MADE BY DHCU ON BEHALF OF THE INDIVIDUALS TO THE PLAN IN 2011

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization DHCU COMMUNITY CREDIT UNION

Employer identification number 36-6068452

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

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

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

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

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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Additional Data

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

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
STEVE KRATZBERG MORTGAGE		X	205,000	189,853		No	Yes		Yes	
TERESA VANDYKE MORTGAGE		X	120,500	116,498		No	Yes		Yes	
WILLIAM RON TRICE VEHICLE		X	9,000	6,637		No	Yes		Yes	
ROBERT GOMEZ HOME ADVANTAGE		X	24,000	21,276		No	Yes		Yes	
WILLIAM LAUPER MORTGAGE		X	63,000	54,868		No	Yes		Yes	
JULIE GERMERAAD JAMES MORTGAGE		X	153,000	148,519		No	Yes		Yes	
JULIE GERMERAAD JAMES VEHICLE		X	16,319	11,077		No	Yes		Yes	
VINCENT PAPISH VEHICLE		X	30,239	1,681		No	Yes		Yes	
DEE CAROTHERS VEHICLE		X	38,687	28,057		No	Yes		Yes	
KEVIN PIEPER MORTGAGE		X	218,558	190,781		No	Yes		Yes	
KEVIN PIEPER VEHICLE		X	32,054	19,147		No	Yes		Yes	
KEVIN PIEPER VEHICLE		X	24,800	23,891		No	Yes		Yes	
WILLIAM RON TRICE SHARE SECURED		X	15,181	8,828		No	Yes		Yes	
JULIE GERMERAAD JAMES BUSINESS MORTGAGE		X	104,000	100,670		No	Yes		Yes	
DEE CAROTHERS FIX EQUITY		X	120,000	74,636		No		No		No
KEVIN PIEPER SIGNATURE		X	6,938	4,919		No	Yes		Yes	
KEVIN PIEPER SIGNATURE SPN		X	36,309	0		No	Yes		Yes	
KEVIN PIEPER HOME ADVANTAGE		X	41,800	39,279		No	Yes		Yes	
TERRY BRAHM VEHICLE		X	65,000	53,130		No	Yes		Yes	
MATTHEW MCCOMBS VEHICLE		X	19,203	18,040		No	Yes		Yes	
MATTHEW MCCOMBS SPN		X	350,000	350,000		No	Yes		Yes	
MATTHEW MCCOMBS MORTGAGE		X	429,300	426,994		No	Yes		Yes	
JAY ENGLAND VEHICLE		X	38,375	36,687		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
DHCU COMMUNITY CREDIT UNION

Employer identification number

36-6068452

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

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

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

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

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

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

Identifier	Return Reference	Explanation
ALL OTHER FUNCTIONAL EXPENSES	FORM 990, PART X, LINE 24E	PROVISION FOR LOAN LOSS EXPENSE TOTAL EXPENSES 904,371 EQUIPMENT RENTAL & MAINTENANCE EXPENSE TOTAL EXPENSES 482,247 BILL PAYER EXPENSE TOTAL EXPENSES 317,150 REBATE EXPENSE TOTAL EXPENSES 308,932 MISCELLANEOUS EXPENSE TOTAL EXPENSES 277,908 DATA PROCESSING EXPENSE TOTAL EXPENSES 212,349 MORTGAGE EXPENSE TOTAL EXPENSES 176,461 FORECLOSED REAL ESTATE EXPENSE TOTAL EXPENSES 141,171 LOAN RECORDING FEE EXPENSE TOTAL EXPENSES 123,991 EDUCATION EXPENSE TOTAL EXPENSES 80,909 SUPERVISION EXPENSE TOTAL EXPENSES 67,108 CONSUMER CREDIT REPORT EXPENSE TOTAL EXPENSES 63,732 FREE CHECK EXPENSE TOTAL EXPENSES 61,853 LEAGUE DUES & OTHER EXPENSES TOTAL EXPENSES 55,659 REAL ESTATE TAX SERVICE TOTAL EXPENSES 50,403 FEDERAL TAX EXPENSE TOTAL EXPENSES 48,468 CHECK LOSS EXPENSE TOTAL EXPENSES 24,520 CHEX SYSTEM/SCREENING EXPENSE TOTAL EXPENSES 17,452 ILLINOIS SALES TAX EXPENSE TOTAL EXPENSES 17,342 SUBSCRIPTIONS & PUBLICATIONS EXPENSE TOTAL EXPENSES 7,417 VEHICLES IN LIQUIDATION EXPENSE TOTAL EXPENSES 6,796 FINANCIAL PLANNING EXPENSE TOTAL EXPENSES 5,403 DHCU ERROR EXPENSE TOTAL EXPENSES 2,877 BROKERS FEE EXPENSE TOTAL EXPENSES 2,820 SAVINGS WRITE OFF EXPENSE TOTAL EXPENSES 751 CASH OVER(SHORT) EXPENSE TOTAL EXPENSES 310

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -275,475

Identifier	Return Reference	Explanation
	FORM 990, PART IV, LINE 12A & PART XII, LINE 2B & 2D	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED ON A SEPARATE BASIS BY AN INDEPENDENT ACCOUNTANT. HOWEVER, THE STATEMENTS ARE AUDITED ON A FISCAL YEAR-END OF MARCH 31, 2012 WHILE THE ORGANIZATION'S TAX YEAR-END IS DECEMBER 31, 2011.

Identifier	Return Reference	Explanation
	FORM 990, PART X, COLUMN A, LINES 2, 12, AND 15	IN 2011, DHCU DETERMINED THAT IT WAS MORE APPROPRIATE TO INCLUDE IN COLUMN (B) (END OF YEAR) FOR LINE 2 (SAVINGS AND TEMPORARY CASH INVESTMENTS) CERTAIN ITEMS INCLUDED IN PRIOR YEAR FORMS 990 IN LINES 12 (INVESTMENTS - OTHER SECURITIES) AND 15 (OTHR ASSETS), RESPECTIVELY CONFORMING ADJUSTMENTS HAVE BEEN MADE TO THE 2011 BEGINNING OF YEAR AMOUNTS LISTED IN COLUMN (A) OF PART X