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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

<u> 2011</u>

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 Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning	and ending										
B	Check if ap	•			D Employer	dentification number							
Ш	Address ch	hange NORTHERN C	OMMUNITIES CREDIT UNION										
П	Name char		- 		41-0	225925							
$\overline{\Box}$	Instal eatur	Number and street (or P O box if mail is not delivered	d to street address)	Room/suite	E Telephone	e number							
님	Initial return	3311 WEST ARROWHEAD ROA	D		218-	-279-3200							
Ш	Terminated	City or town, state or country, and ZIP + 4			•								
	Amended r	return DULUTH	MN 55811		G Gross receipt	ts\$ 4,133,041							
\exists	Application	F Name and address of principal officer			5 5.555 1555								
لــا	Application	Larry Champeaux		H(a) Is this a g	roup return for affi	liates? Yes X No							
		3311 WEST ARROWHEAD	ROAD	H(b) Are all af	filiates included?	Yes No							
		DULUTH	MN 55811		o," attach a list (s								
_	Taylous			7	•	,							
<u>-</u> -	Tax-exem Website:		nsert no) 4947(a)(1) or 527	⊢		_							
<u></u>] ou N		928 M								
******	Form of or	··· <u>·</u> ······	Other L	fear of formation 1	920 M	State of legal domicile MN							
	arti	Summary											
	18	Briefly describe the organization's mission or most s	~		_								
9		To promote member success by	meeting their changing fi	nancial n	eeds.								
ш													
Governance	1	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Š	2 0												
⊛ 85	3 N	lumber of voting members of the governing body (F		3	9								
Activities &	4 1	lumber of independent voting members of the gove		4	9								
ij	1	otal number of individuals employed in calendar ye			5	48							
寰	1	otal number of volunteers (estimate if necessary)	ar 2017 (1 art 1, 11110 2a)			0							
ď	1	•	.mp (C) line 13			3,750							
		otal unrelated business revenue from Part VIII, col		7a									
	ים	Net unrelated business taxable income from Form 9	Prior Yea	7b	Current Year								
ne	8 0	Contributions and grants (Part VIII, line 1h)	ľ	riior i e	0	Ourient real							
	1			4 40	0,613	3,872,551							
/en	1	Program service revenue (Part VIII, line 2g)											
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4,	r		2,200	219,869							
_	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	ŗ		6,561	5,993							
_	12 T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)	4,56	9,374	4,098,413							
	13 0	Grants and similar amounts paid (Part IX, column (A		0	0								
	14 B	Benefits paid to or for members (Part IX, column (A)	, line 4) RECEIVED		0	0							
Ś	15 S	Salaries, other compensation, employee benefits (P	art IX, column (A), lines 5–10)	්ධ 1,87	2,137	1,770,699							
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ne 11e) 🔼 🖂 🗚 2012 📗	Ö	0	0							
ğ	bT	Total fundraising expenses (Part IX, column (D), line	ne 11e) 25) ►	lish.									
ñ	17 0	Other expenses (Part IX, column (A), lines 11a-11d	(T)	监 2,81	1,624	2,220,654							
		Total expenses Add lines 13–17 (must equal Part I			3,761	3,991,353							
	19 F	Revenue less expenses Subtract line 18 from line 1	2		4,387	107,060							
58	G . S	terende less expenses educate inte To Horr inte T		Beginning of Cur		End of Year							
ets	i 20 ⊺	Fotal assets (Part X, line 16)		68,54		68,478,730							
Ass	21 T	Total liabilities (Part X, line 26)		62,99		62,821,743							
Net Assets or	事 ~ . '	Net assets or fund balances. Subtract line 21 from li	ne 20		9,927	5,656,987							
		Signature Block	10 20	<u> </u>	- 7								
	art II	nalties of perjury, I declare that I have examined this return	a unalisating accompanions achedules and state	ante and to the h	not of my lease.	dedge and holief it is							
t/f	nger ben	ect, and complete Declaration of preparer (other than office	er) is based on all information of which preparer l	has anv knowledo	est of my know	vieuge and belief, it is							
			<u> </u>			1. 12							
٠.	4 00	Sugripature of officer	· · · · · · · · · · · · · · · · · · ·		Date Date	16-12							
		1 : V	DDEGT	DENT	Date								
He	re	Larry Champeaux	PRESI	DENT									
	崇	Type or print name and title			-,								
_	氢	Print/Type preparer's name	Preparer's signature	Date	Check	If PTIN							
	6 11	BRENT WOOKEY, CPA	BRENT WOOKEY, CPA	07/08	/12 self-emplo	yed P00062439							
Pre	parer	Firm's name		F	irm's EIN								
Us	e Only												
		Firm's address			hone no								
Ma	v the IR:	S discuss this return with the preparer shown above	e? (see instructions)			X Yes No							
		work Reduction Act Notice, see the separate ins		·· -		Form 990 (201 ₁)							
DAA						(10							
						ر ا ک							

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		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		\dashv	
	candidates for public office? If "Yes," complete Schedule C, Part I	3	1	X
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? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ĺ		
	Part III	5		<u> </u>
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? If			
_	"Yes," complete Schedule D, Part I	6		X
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
9	complete Schedule D, Part III	8		X
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	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-	-	
. •	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.		I	
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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ŀ		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	المما		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	X
_	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	11e	^	
f	the organization's separate of consolidated infancial statements for the tax year include a roothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI, XII, and XIII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	1	i	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>_X</u> _
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	ا ۵۰		v
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	- 	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{1}{x}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			. 990	(2044)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		<u> </u>
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			37
24-	employees? If "Yes," complete Schedule J	23		_X
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	045		x
b	through 24d and complete Schedule K. If "No," go to line 25. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
C	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	24b		
·	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a		240		
Lou	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		ı
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	}	1	
	If "Yes," complete Schedule L, Part I	25b	1	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-55		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	اما	-	v
25-	IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	252		x
26	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
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	x	
		 	<u></u>	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

7 7	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1395			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			Ī
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	•	-			ŧ
	reportable gaming (gambling) winnings to prize winners?			1c		
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	48			I
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				ŧ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty			ļ
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial				
	account)?			4a_	ļ	X
b	If "Yes," enter the name of the foreign country.					
E a	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts	_	•	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-42		5a		X
b C	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa- If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	cuon?		5b		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ho		_5c		-
va	organization solicit any contributions that were not tax deductible?	16		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or		- Va		
_	gifts were not tax deductible?	0113 01		6b	!	
7	Organizations that may receive deductible contributions under section 170(c).			- 55		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoods				
	and services provided to the payor?	J		7a		Ī
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	·	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	om 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		
8	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.					
а	Did the organization make any taxable distributions under section 4966?			9a		
þ	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u></u>
10	Section 501(c)(7) organizations. Enter	1 1	l			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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.	المما				
a	Gross income from members or shareholders	11a				ŧ
b	Gross income from other sources (Do not net amounts due or paid to other sources					
42-	against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b				Ī
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1 1		12a		
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	·	[
ıs a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
đ	Note. See the instructions for additional information the organization must report on Schedule O			138		ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which					
J	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13D				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
<u> </u>	parties and supplied the supplied and supplied the suppli					

Form 990 (2011) NORTHERN COMMUNITIES CREDIT UNION 41-0225925 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 (Section 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 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the

3311 WEST ARROWHEAD ROAD

MN 55811

DULUTH

organization. > LARRY CHAMPEAUX

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 orga	anization nor an	y rela	ited o	orga	nıza	tions	con	pensated any current offic	er, director, or trustee	. <u>.</u>
(A) Name and Title	(B) Average hours per week (describe hours for	off	k, unle	Pos heck ss pe nd a d	rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W.Z. ISSS MILES)	organization and related organizations
(1)Bob McCubbin										
Director	0.50	X						813	0	0
(2) Patti Maguire										
Director	0.50	X					<u> </u>	686	0	0
(3) Charles Schumach						Ì				
Chair	0.50	X						656	0	0
(4)Dick LeDoux							•			·
Director	0.50	X						647	0	0
(5) Grant Forsyth]					'				_
Vice Chair	0.50	X			_	<u> </u>		445	0	0
(6) James Kroll		1							_	_
Director	0.50	X			_	Ь	_	415	0	0
(7) Janet Ward		l				ļ				
Director	0.50	X			_	<u> </u>	_	337	0	0
(8) John Lindquist								0.4.6		
Director	0.50	X				┝	<u> </u>	246	0	0
(9) Rene Selleck	0.50				l			140		_
Director	0.50	X				├	-	140	0	0
(10) Larry Champeaux	40.00					l		06 000		16 600
President	40.00	┼	<u> </u>	X	-	├		86,003	0	16,678
(11) Kenneth Dahlberg								60 477	_	06 054
VP of Lending	40.00	┼		X			-	62,477	0	26,351
(12) Terese Thorstad	40.00			3.5	Ì			E0 060		0 000
VP Finance	40.00	┼		X	-	-	-	58,062	0	2,800
(13) Trina O'Bey	40.00	1		x		1		57,977	o	11 711
VP Operations	40.00	┼-	-	^	├-	\vdash	⊢	51,911	<u> </u>	11,711
(14)										
		1	1 1	l	l	1	I	l		

Part	¥∰ Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			
•	(A) Name and title	(B) Average hours per hours per week box, unless person is both a officer and a director/trustee hours for							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the		
		related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organiza and rela organizat	ation ated	
(15)	12 12 11		\vdash				ļ						
(16)													
(17)													
(18)	······································												
(19)			 					<u> </u>					
(20)				-	 								
(21)			\vdash				-						
(22)			<u> </u>	-									
(23)													
(24)			 										
(25)													
	Sub-total	ata ta Dart VIII d		!				>	268,904		5	7,540	
	Fotal from continuation she Fotal (add lines 1b and 1c)	ets to Part VII, S	Secti	ion /	4			>	268,904		5	7,540	
	Total number of individuals (in eportable compensation from	_		_	thos	e lis	ted a	bov	e) who received more than	\$100,000 in			
	Did the organization list any fo	·			trust	ee. I	kev e	mpl	ovee, or highest compensa	ted		Yes No	
4 F	employee on line 1a? If "Yes," For any individual listed on line	complete Scheen 1a, is the sum	dule of re	J for	suc able	h inc	dıvidi. Ipens	ial satio	n and other compensation	from the	3	X	
İI	organization and related orgar ndividual	_							·		4	x_	
	Did any person listed on line 1 or services rendered to the or									individual	5	x	
	on B. Independent Contract												
	Complete this table for your five compensation from the organic	zation Report co							dar year ending with or with	in the organization's tax ye			
	Name and	(A) business address						ļ	Descript	(B) lion of services	Con	(C) npensation	
							_						
	_												
									-				
	otal number of independent of occived more than \$100,000		_						se listed above) who	0		, , ,,,	
DAA	0001100 111010 trial # 100,000	coiponoauoi			. <u> </u>	<u> </u>	<u> </u>	<u>, </u>			Form	990 (2011)	

	IL V	in Statem	ent or Keve	nue				.		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
रुष	1a	Federated cam	paigns	1a	***************************************					12,010,01014
절	b	Membership du	. •	1b						
٥٤		Fundraising eve		1c						
ξĘ	ں ا	-								
⊚≅	a	Related organiz		1d						
Siz	е	Government grants (c	•	1e				Ī		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts in		1f						
들	g	Noncash contributions	s included in lines 1a-	1f \$	 B					
និស	h	Total. Add lines	s 1a-1f			▶				
						Busn. Code				
eni	2a	TNPEDECT	ON LOANS			522100	2,723,978	2,723,978		
Rev	ь		FEES/CHARGE:	~		522100	916,030			
Program Service Revenue	-					522100				
Ž	C		MBER RELATE) REV	ENUE		228,793	228,793		
Se	d	NON MEMB	ER ATM FEES			519100	3,750		3,750	· · · · · · · · · · · · · · · · · · ·
Тап	е									
rog	f	All other progra	m service reve	nue						
ᆸ	g	Total. Add lines	s 2a-2f				3,872,551			
	3	Investment inco	ome (including o	dıviden	ds, intere	est,				
		and other simila	ar amounts)			▶	234,497			234,497
	4	Income from inv	vestment of tax	-exemi	ot bond p	roceeds ▶				
	5	Royalties _				•	5,993		.,	5,993
	_	Г	(ı) Real		(m) F	Personal				
	6a	Gross rents			··· / ·					
		<u> </u>								
	b	Less rental exps		-						
	C	Rental inc or (loss)								
	d 7a	Net rental incon								
		sales of assets	(i) Securities		(11)	Other				
		other than inventory				20,000				
	b	Less cost or other								
		basis & sales exps				34,628				
	С	Gain or (loss)				-14,628				
	d	Net gain or (los	s)			•	-14,628	-14,628		
	8a	Gross income from	n fundraising evei	nts [
nue		(not including \$	J							
Ve		of contributions re	norted on line 1c)							
S.		See Part IV, line 1		a						
Other Reve	h	Less direct exp		a b						
ฮี		Net income or (- L	ovent-				†	
					events					
	эa	Gross income from							1	
		See Part IV, line 1		a						
		Less. direct exp		ьſ					Ī	
		Net income or (ing act	ivities	•		· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of I	nventory, less	ļ		İ			I	
		returns and allo	wances	a					1	
	b	Less: cost of go	ods sold	ь					1	
	С	Net income or (loss) from sale:	of inv	entory	•			Ī	
			llaneous Revenue			Busn. Code				
	11a							ĺ	ŧ	
	b					 		-		-·
						 				
	C	All other severe				 				
	d	All other revenu				<u> </u>				
	е	Total. Add lines				P	4 000 415	2 22 1 2 2		
	12	Total revenue.	See instruction	s		<u> </u>	4,098,413	3,854,173	3,750	240,490

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	e to any question in this Pa	art IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·	· · · · · · · · · · · · · · · · · · ·	-
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	268,904			•
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	1,144,687			
8	Pension plan accruals and contributions (include			***	
	section 401(k) and 403(b) employer contributions)	15,851			
9	Other employee benefits	210,332		·	
10	Payroll taxes	130,925			
11	Fees for services (non-employees).		•		
а	Management				
b	Legal	10,647			
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	40,727			
12	Advertising and promotion	127,964			
13	Office expenses	963,738			
14	Information technology	231,368			
15	Royalties				
16	Occupancy	130,274			
17	Travel	2,210			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,340			
20	Interest	35			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	166,286			
23	Insurance	47,523	•••••		***************************************
24					
	above (List miscellaneous expenses in fine 24e. if				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			 	
а	DIVIDENDS-SHARES/DEPOSITS	179,646			
b	NCUA ASSESSMENTS	155,232			
C	PROVISION FOR LOAN LOSS	149,664			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,991,353	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

_			<u>-0225925</u>		Page 11
	art)	Balance Sheet			
			(A)		(B)
	-	Cook no standard	Beginning of year	_	End of year
	1	Cash—non-interest bearing	1,152,603		1,184,502
	2	Savings and temporary cash investments	13,374,240		10,376,372
	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		_	
	ء ا	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			<u> </u>
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			İ
Assets	,	employees' beneficiary organizations (see instructions)	42 OF1 E40	6	20 412 405
Ass	7	Notes and loans receivable, net	42,851,540	7	39,413,405
-	8	Inventories for sale or use	176,101	8	161 044
	9	Prepaid expenses and deferred charges	1/6,101	9	161,844
	Iva	Land, buildings, and equipment cost or			
	١.	other basis. Complete Part VI of Schedule D Less. accumulated depreciation 10b 1,278,237	2 252 002	4.0	2 204 222
		· · · · · · · · · · · · · · · · · · ·	2,353,893		2,284,022
	11	Investments—publicly traded securities		11_	
	13	Investments—other securities See Part IV, line 11	7,544,000	12	12 561 062
	14	Investments—program-related See Part IV, line 11 Intangible assets	7,344,000	13	13,561,063
	15	Other assets. See Part IV, line 11	1,094,111	14	1 407 500
	16	Total assets. Add lines 1 through 15 (must equal line 34)	68,546,488	15	1,497,522
	17	Accounts payable and accrued expenses	245,484	16 17	68,478,730 484,337
	18	Grants payable	243,404	18	404,331
	19	Deferred revenue	· · · · · · · · · · · · · · · · · ·	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	66,175	21	49,482
co.	22	Payables to current and former officers, directors, trustees, key	00,113		73,702
Liabilities		employees, highest compensated employees, and disqualified persons			
Ē		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	<u> </u>	23	
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities (including federal income tax, payables to related third		24	
		parties, and other liabilities not included on lines 17-24) Complete Part X			
	1	of Schedule D	62,684,902	25	62,287,924
	26	Total liabilities. Add lines 17 through 25	62,996,561	26	62,821,743
		Organizations that follow SFAS 117, check here ▶ and complete	02/000/002		02/021/143
es		lines 27 through 29, and lines 33 and 34.			
anc.	27	Unrestricted net assets		27	İ
3al	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here ▶			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	5,549,927	32	5,656,987
Z	33	Total net assets or fund balances	5,549,927		5,656,987
	34	Total liabilities and net assets/fund balances	68,546,488		68,478,730
					

Forn	990 (2011) NORTHERN COMMUNITIES CREDIT UNION 41-0225925			Pa	ge 12			
P	Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				_ЛL			
		1 1						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,09 3,99					
2	Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1	3			060			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,54	<u>19,</u>	<u>927</u>			
5	Other changes in net assets or fund balances (explain in Schedule O)	5						
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	6	5,6	<u> 56, </u>	<u>987</u>			
P	et XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response to any question in this Part XII				\Box			
				Yes	No			
1	Accounting method used to prepare the Form 990		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				l			
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
C	If "Yes" to line 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?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a separate basis, consolidated basis, or both				Ē.			
	Separate basis Consolidated basis Both consolidated and separate basis				Į.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			- 1				
	the Single Audit Act and OMB Circular A-133?		3a					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				Γ			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
		•	Fort	_п 990	(2011)			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► See separate instructions.

2011 Open to Public

OMB No 1545-0047

Name of the organization

Open to Pub
Inspection
Employer identification number

N	ORTHERN COMMUNITIES CREDIT UNION		41-02	225925
	rt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
	organization answered "Yes" to Form 990, Part IV			
		(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, subject to the organization's exclu	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?	Yes No		
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 9	990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	ortant lan	d area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	rvation	
	easement on the last day of the tax year		6	
				leld at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/6	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is le	ocated ►		
5	Does the organization have a written policy regarding the periodic monitorial	toring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the ye	ear	
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	▶ \$	_		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)		п., п.,
	(i) and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation easem	•	-	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes tr	ie
Ď.	organization's accounting for conservation easements If III Organizations Maintaining Collections of Art,	Historical Traccuras or Other 9	Similar /	\ccata
* a	Complete if the organization answered "Yes" to F		Jiiiiiai F	155615.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), n		nalanca sh	oot .
ıa	works of art, historical treasures, or other similar assets held for public	•		661
	public service, provide, in Part XIV, the text of the footnote to its financial	,	Dianoc oi	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		nce sheet	
~	works of art, historical treasures, or other similar assets held for public	•		
	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 dain, pro-	vide the	▼
-	following amounts required to be reported under SFAS 116 (ASC 958)			
а	Revenues included in Form 990, Part VIII, line 1		•	\$
	Assets included in Form 990, Part X		•	\$

		OMMUNITI					25925		Page 2			
P	art III Organizations Maintaini	ng Collections of	f Art, H	listorical '	Treasures,	or Other	Similar Assets	(continue	d)			
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other record	ls, check	any of the f	ollowing that a	re a signific	ant use of its		•			
а	Public exhibition	d \square	Loan or	exchange p	rograms							
b	Scholarly research	e H	Other	ononango p								
C		ں -										
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 solici	t or receive donations	of art hi	storical treas	sures or other	simılar						
•	assets to be sold to raise funds rather than							Yes	No			
P	A444444A4A4						Yes" to Form 99					
Part W 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, custo				or other asset	ts not						
	included on Form 990, Part X?	Jaian or other intermet	2101 y 101	001101100110110	or other asset	13 1101		☐ Vec	X No			
h	If "Yes," explain the arrangement in Part X	IV and complete the fo	allowing	tahle					35 110			
~	in roo, explain the arrangement in rate x	iv and complete the it	Juctung	tabic.				Amount				
С	Beginning balance						1c	7 4110 411				
	Additions during the year						1d					
e							1e					
f	Ending balance						1f					
	Did the organization include an amount on	Form 990 Part Y line	a 212					X Yes	No			
	If "Yes," explain the arrangement in Part X		- ZI.					1es	L) NO			
	art V Endowment Funds. Com		zation	answered	"Yes" to Fo	rm 990 P	Part IV line 10					
	Endownioner ando. Con	(a) Current year	7	b) Prior year	(c) Two yea	7	(d) Three years back	(e) Four yea	are back			
19	Beginning of year balance	(a) delicit you	 '	by thoryour	(6) 1 #6 968	JI S DOOR	(d) Three years back	(e) Four yea	ars back			
	Contributions		 			- -		 				
								 	·····			
C	Net investment earnings, gains, and											
	losses		 		-			 				
	Grants or scholarships		 									
9	•											
	programs		<u> </u>				-	 	***********			
	Administrative expenses		 					 	······			
g	•	L						<u> </u>				
2	Provide the estimated percentage of the co	•	æ (line 1	g, column (a)) held as.							
a		,										
0	Permanent endowment > %											
С	The personal restricted endowment	%										
2-	The percentages in lines 2a, 2b, and 2c sh		_4 4b _			1 6 41						
Ja	Are there endowment funds not in the pos	session of the organiza	ation tha	t are neid an	ia administered	tor the		<u></u>				
	organization by:							Ye	s No			
	(i) unrelated organizations							3a(i)				
_	(ii) related organizations		0-1	DO				3a(ii)	 -			
_	If "Yes" to 3a(ii), are the related organization	•						3b				
<u>4</u>	Describe in Part XIV the intended uses of				10		 					
	art Vi Land, Buildings, and Eq			1								
	Description of property	(a) Cost or other			or other basis		cumulated	(d) Book valu	I O			
		(investment)	'		other)	aepr	eciation		245			
	Land				367,315		766 010		,315			
	Buildings			2,	269,065		766,013	1,503	, 052			
	Leasehold improvements											
	Equipment			1,	641,857	1,	228,202	<u>413</u>	<u>, 655</u>			
	Other			<u> </u>								
Tota	I. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Par	t X, colu	mn (B), line	10(c))			<u>2,284</u>	<u>,022</u>			

62,287,924

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

	dule D (Form 990) 2011 NORTHERN COMMUNITIES CREDIT		41-022592		Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 t	o Audited	Financial Statem	ents	<u> </u>
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 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10	
Pa	Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Ret	urn	
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	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	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:				
а	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 must equal Form 990, Part I, line 12)			5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per R	etur	'n
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.				
а	Donated services and use of facilities	_2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	, , ,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

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, line 2, 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

Part IV, Line 2b - Escrow Liability Arrangement Explanation
The credit union holds funds in escrow accounts for property taxes and
homeowners insurance related to mortgage loans.

Part XIV Supplemental Information

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011 Open to Public

Inspection

Name of the organization

NORTHERN COMMUNITIES CREDIT UNION

Employer Identification number 41-0225925

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

The organization has members. To be a member, you must have a share

(savings) account at the credit union.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

The Board of Directors is elected by the credit union members. Each member has one vote.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

A member vote is required for decisions which are beyond the authority of
the Board of Directors. Items which require a membership vote are outlined
and specified in our bylaws. Each member has one vote.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Management complies information necessary to prepare return and provides this data to independent CPA for preparation. Management reviews the return for possible errors, ande then authorizes the CPA to file the approved return.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Board of Directors reviews and approves the President's compensation.
This approval is noted in the Board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Monthly financial statements are posted at each branch office.