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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

Open to Public Inspection

A Fo	or the 2	O11 calendar year, or tax year beginning 01-01-2011 and ending 12-31	L-2011		D Employe	r iden	tification number				
	eck if ap	CENTRAL MINNESOTA CREDIT UNION									
_	dress cha	Doing Business As		⊢⊦	41-070 E Telepho						
	me chan	ge g			•						
∏ Inı	tıal retur	Number and street (of P o box it mail is not delivered to street address) Ro	om/suite	<b> </b>	(320) 2		42,154,934				
Te	rmınated	20 4TH AVE SE PO BOX 10		⊢⊦	<b>G</b> G1033 1CC	Сіріз ф	TZ,134,734				
☐ Am	nended r	turn Cıty or town, state or country, and ZIP + 4 MELROSE, MN 56352									
Гар	plication	pending									
		<b>F</b> Name and address of principal officer		<b>i(a)</b> Is this	a group r	eturn f	for				
		RICHARD ODENTHAL		affiliat			⊤Yes ▼ No				
		20 4TH AVE SE PO BOX 10 MELROSE, MN 56352		H(b) Are all	_£61!_+ !		d?				
							see instructions)				
<b>I</b> Ta	ıx-exem	t status	7		exemptio	-	·				
J W	ebsit e	► WWW MYCMCU ORG		.(-)							
<b>K</b> For	m of ora	nization	'	L Year of form	nation 1939		State of legal domicile				
						MN	,				
Pa	rt I	Summary									
	c	riefly describe the organization's mission or most significant activities ENTRAL MINNESOTA CREDIT UNION IS A MEMBER OWNED FINANC	CIALCO	OPERATIV	E PROVI	DING	LOAN, DEPOSIT				
3	A	ND OTHER FINANCIAL SERVICES TO 44,000 MEMBERS									
Governance	-										
ē											
ခ် ဖြ	2 0	heck this box 🔭 if the organization discontinued its operations or dispo	sed of m	nore than 25	% of its n	etass	ets				
	<b>3</b> N	umber of voting members of the governing body (Part VI, line 1a) $\cdot$ .				3	9				
<u> </u>	4 N	umber of independent voting members of the governing body (Part VI, lin	ne 1b) .			4	9				
Activities &	5 T	otal number of individuals employed in calendar year 2011 (Part V , line 2	2a) .			5	229				
Ş	6 T	otal number of volunteers (estimate if necessary)				6	12				
•	7a ⊤	otal unrelated business revenue from Part VIII, column (C), line 12 .				7a	44,883				
	ЬN	et unrelated business taxable income from Form 990-T, line 34				7b	5,948				
			Year		Current Year						
٥.	8	Contributions and grants (Part VIII, line 1h)				0	0				
Ä	9	Program service revenue (Part VIII, line 2g)			5,222,9	. 7	31,135,861				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		173,914			617,537				
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	· +	359,464			2,021,556				
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A 12)			5,756,29	95	33,774,954				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3).			16,90	_	14,000				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	- H		914,04		4,683,990				
	15	Salaries, other compensation, employee benefits (Part IX, column (A), li			,		· · ·				
Expenses		10)		1,881,244			11,769,951				
ā	16a	Professional fundraising fees (Part IX, column (A), line 11e)	ssional fundraising fees (Part IX, column (A), line 11e)								
ਡੋ	Ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0									
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	[	1,710,12			9,513,431				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 2	· -	4,522,325			25,981,372				
	19	Revenue less expenses Subtract line 18 from line 12			1,233,97	70	7,793,582				
90 00 00 00 00 00 00 00 00 00 00 00 00 0				Beginning Ye		:	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			64,317,24	15	626,143,533				
A P	21	Total liabilities (Part X, line 26)			77,700,64		530,173,506				
žĒ	22	Net assets or fund balances Subtract line 21 from line 20									
Pa	rt II	Signature Block									
		es of perjury, I declare that I have examined this return, including accompany									
	rleage a rledge.	d belief, it is true, correct, and complete. Declaration of preparer (other than	omcer) i	s dased on a	ii intormati	on or v	wnich preparer has any				
		*****			2-11-08						
Sigr		Signature of officer		Dat	e						
Her	e	CHARLES FRIEDERICHS CFO									
		Type or print name and title	1		_						
		Preparer's RICHARD J GABRIELSON	Che self-	ck if	Preparer's (see instru		er identification number				
Paid		signature RICHARD J GABRIELSON	employed •								
	parer's	Firm's name (or yours CLIFTONLARSONALLEN LLP	EIN 1 41-	)746749	9						
Use	Only	if self-employed), address, and ZIP + 4 PO BOX 217		EIN • 41-0746749							
		AUSTIN, MN 55912			Phone no	<b>(507</b>	7) 434-7000				
Мау	the IRS	discuss this return with the preparer shown above? (see instructions)				Г	▼ Yes				

Form	990	(2011	)
Dar		Sta	

age	2	
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Par		nt of Program Service hedule O contains a respons	Accomplishments e to any question in this Part III		୮
1	Briefly describe t	he organization's mission			
		CREDIT UNION IS A MEM TO 44,000 MEMBERS	BER OWNED FINANCIAL COOL	PERATIVE PROVIDING LOAN,	DEPOSIT AND OTHER
2		on undertake any significant   0 or 990-EZ?	program services during the yea		Yes 🔽 No
	If "Yes," describe	these new services on Sched	ule O		
3		on cease conducting, or make	significant changes in how it co		Yes ✓ No
	If "Yes," describe	these changes on Schedule (	)		
4	expenses Section grants and allocat	n 501(c)(3) and 501(c)(4) ord cions to others, the total expe	complishments for each of its the ganizations and section 4947(a) nses, and revenue, if any, for ea	(1) trusts are required to report ch program service reported	•
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	CENTRAL MINNESOT	A CREDIT UNION PAID DIVIDENDS (	OF \$1,009,640 ON AMOUNTS DEPOSITE	D BY MEMBERS	
	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	AS A STATE CHARTE	, , , ,	VARIETY OF DEPOSITORY SERVICES TO	, ,	ON HAD 44,000 MEMBER
 4с	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			VARIETY OF LENDING SERVICES TO OL LOANS OUTSTANDING AS OF DECEMBE		
4d	Other program s	ervices (Describe in Schedul	e O )		
	(Expenses \$	ıncludın	g grants of \$	) (Revenue \$	)
4e	Total program se	ervice expenses►\$			

Part IV Checklist of Required Sched	lules
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			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	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, Part III	5		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? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes," complete Schedule G, Part I</i>	17		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? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		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</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		Νο
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)? If "Yes," complete Schedule R, Part V, line 2	35b		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
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	
		F-	orm <b>990</b>	(2011)

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	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			
	16,536			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Ja	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		Νo
ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
b	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 required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501/c)(12) organizations Enter			
11 a	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
<b>.</b> -	year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by	-		
_	the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management								
	<u> </u>		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	to the control of the								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
	ection B. Policies (This Section B requests information about policies not required by the Internal								
Re	evenue Code.)			l					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		No					
Ь	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							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give								
	rise to conflicts?	12b	Yes						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		N o					
h	taxable entity during the year?			110					
U	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?	16b							
Se	ection C. Disclosure	TOD							
17	List the States with which a copy of this Form 990 is required to be filed.								
	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

☐ O wn website ☐ A nother's website ☐ 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 ► CHARLES FRIEDERICHS
  20 4TH AVE SE

MELROSE, MN 56352 (320) 256-3669

# 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

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

◆ 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

<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unles an	on (de e thar	n one son er ar	e bo is bo nd a tee)	x, oth )		(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
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		МТЭС)	organizations
(1) CHAD MIDDENDORF CHAIRPERSON	2 00	х						0	0	0
(2) DEAN MOHS VICE CHAIRPERSON	2 00	х						0	0	0
(3) PHILIP OSENDORF DIRECTOR	2 00	х						0	0	0
(4) MICHELE ROHE DIRECTOR	2 00	х						0	0	0
(5) MARVIN HINNENKAMP DIRECTOR	2 00	х						0	0	0
(6) JAMES MADER DIRECTOR	2 00	х						0	0	0
(7) SUSAN HECHT DIRECTOR	2 00	х						0	0	0
(8) FRED FLEISCHHACKER DIRECTOR	2 00	х						0	0	0
(9) LUANN LOXTERCAMP DIRECTOR	2 00	х						0	0	0
(10) RICHARD ODENTHAL CHIEF EXECUTIVE OFFICER	45 00			Х				447,177	0	46,583
(11) CHARLES FRIEDERICHS CHIEF FINANCIAL OFFICER	45 00			Х				191,632	0	44,423
(12) BERNARD BRIXIUS CHIEF OPERATING OFFICER	45 00				х			229,760	0	27,171
(13) MICHAEL WEHLAGE CHIEF CREDIT OFFICER	45 00				х			175,374	0	36,197
(14) NADINE RIELAND DIRECTOR OF HUMAN RESOURCE	45 00					х		136,745	0	29,579
(15) JASON MACDONALD DIRECTOR OF INFORMATION TE	45 00					х		129,844	0	32,523
(16) CHAD VAN BECK BUSINESS LENDING ADVISOR	45 00					х		119,377	0	26,075
(17) GARY MEYER DIRECTOR OF BRANCHES	45 00					х		114,162	0	25,734

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

	(A) Name and Title	(B) Average hours per week (describe hours	director/trustee)						Position (do not check more than one box, unless person is both an officer and a				Repo compe fror organiz	D) ortable ensation orthe ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima amount o compens from t	ated fother sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			,		relati organiza					
	DEAN DIRKES CTOR OF LENDING	45 00					х			110,001		0		38,277				
1b c	Sub-Total							<b>b</b>										
d	Total (add lines 1b and 1c) .							<b>P</b>		1,654,072		0		306,562				
2	Total number of individuals (incl \$100,000 of reportable compen	-				ted	above	) who	receive	d more tha	n							
											F		Yes	No				
3	On line 1a? If "Yes," complete Sch							ee, c	rnignesi • • •	compens	ated employee	3		Νο				
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes					
5	Did any person listed on line 1a services rendered to the organiz								_		or individual for	5		No				
Se	ction B. Independent Con	tractors																
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio																
	Nan	( <b>A)</b> ne and business add	Iress							Descr	(B) ription of services		( <b>C</b> Compen					
												$\downarrow$						
	Total number of order orders.	rnators /w-lood							d abarra		and many the	$\dashv$						
	Fotal number of independent cont \$100,000 of compensation from t			ot III	intec	1 (0 )	inose	ııste	u above)	wiio recei\	rea more than							

-ait v		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
듄둦	ь	Membership dues 1b					
్త్	c	Fundraising events 1c					
ŞΈ E	d	Related organizations 1d					
오늘	e	Government grants (contributions) 1e					
뜻등						ŀ	
풀힐	f	All other contributions, gifts, grants, and similar amounts not included above					
2₹	g	Noncash contributions included in					
돌		lines 1a-1f \$					
ॐ ॡ	h	Total. Add lines 1a-1f					
<u>a</u>		Business Co	ode				
ell	2a	LOAN INTEREST 96	00099	28,792,846	28,792,846		
ج چو	ь	FEES & CHARGES 5.	22100	2,343,015	2,298,132	44,883	
e H	c						
ĭ¥	d						
B,	e		+				
ie E		All other program corruse revenue					
Program Service Revenue	f	All other program service revenue					
Δ	g	<b>Total.</b> Add lines 2a−2f		31,135,861			
	3	Investment income (including dividends, interest					
		and other similar amounts)	<b>•</b>	717,630			717,630
	4	Income from investment of tax-exempt bond proceeds	► [				
	5	Royalties	<b>•</b>				
		(ı) Real (ıı) Persona	al				
	6a	Gross rents					
	Ь	Less rental expenses					
	С	Rental income					
	d	or (loss)  Net rental income or (loss)	<u></u>				
	"	(i) Securities (ii) Other					
	7a		79,887				
	-	from sales of assets other					
		than inventory					
	Ь	Less cost or 8,37 other basis and	79,980				
		sales expenses	0.000				
	C	` ,	00,093	100.003			100 003
	d	Net gain or (loss)	•	-100,093			-100,093
ds.	8a	Gross income from fundraising events (not including					
ž		\$					
क >-		of contributions reported on line 1c)					
œ e		See Part IV, line 18					
Other Revenue	<u>_</u>	l acc direct expenses					
Ę	b c	Net income or (loss) from fundraising events	<b>-</b>				
-	9a	Gross income from gaming activities	·				
		See Part IV, line 19					
		a	_				
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less					
		returns and allowances .					
	<u> </u>						
	Ь	Less cost of goods sold <b>b</b> Net income or (loss) from sales of inventory	<b>p</b> .				
	С	Miscellaneous Revenue Business Co					
	11a	0.00	00099	2,021,556	2,021,556		
		MISCELLANEOUS OPERATIO 9		2,321,330	2,021,330		
	Ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	<b>.</b>	2,021,556			
			` . <b> </b> -	. , -			
	12	Total revenue. See Instructions	•	33,774,954	33,112,534	44,883	617,537

3

5

7

17

#### Part IX Statement of Functional Expenses

combined educational campaign and fundraising solicitation

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 14,000 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 4,683,990 Compensation of current officers, directors, trustees, and 1,198,317 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 8,162,760 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 556,147 1,181,349 Other employee benefits . . . . . . 671,378 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . . Accounting . . . . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 466,545 g Advertising and promotion . . . 12 Office expenses . . . . 2,261,147 13 14 Information technology . . . . . 15 Royalties . . 16 1,343,498 376,186 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 431,581 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 23 1,074,887 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 PROVISION FOR LOAN LOSS 1,213,058 LOAN SERVICING EXPENSE 999,708 EDUCATIONAL AND PROMOTI 724,175 d MISCELLANEOUS EXPENSE 598,755 е f All other expenses 23,891 25 Total functional expenses. Add lines 1 through 24f 25,981,372 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Form 990 (2011)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			2,638,800	1	41,542,768
	2	Savings and temporary cash investments	80,038,035	2	61,536,000		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of		n 4958(f)(1)) and			
S		Schedule L				6	
Assets	7	Notes and loans receivable, net			447,757,975	7	490,300,986
88	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			521,070	9	628,655
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	19,024,286			
	b	Less accumulated depreciation	10b	5,795,718	13,089,534	10c	13,228,568
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11	1,289,400	12	6,293,158		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	•		18,982,431	15	12,613,398
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			564,317,245	16	626,143,533
	17	Accounts payable and accrued expenses .			15,870,700	17	17,715,432
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	_
<u>v</u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
.iabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
<u> </u>		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 relate and other liabilities not included on lines 17-24) Complete Par D			461,829,945	25	512,458,074
	26	Total liabilities. Add lines 17 through 25			477,700,645	26	530,173,506
es —		Organizations that follow SFAS 117, check here ▶ ☐ and comp through 29, and lines 33 and 34.	let e l	ines 27	, ,		<u></u>
Fund Balance	27	Unrestricted net assets				27	
<u>교</u>	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets		29			
=		Organizations that do not follow SFAS 117, check here ▶ ✓ an	d con	nplete			
<u>.</u>		lines 30 through 34.					
9	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		86,616,600	32	95,970,027
₹	33	Total net assets or fund balances			86,616,600	33	95,970,027
~	34	Total liabilities and net assets/fund balances			564,317,245	34	626,143,533

Pal	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		33.7	774,95
2	Total expenses (must equal Part IX, column (A), line 25)	2			981,37
3	Revenue less expenses Subtract line 2 from line 1	3		7,7	793,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		86,6	516,60
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,5	59,84
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		95,9	70,02
Par	Table Transport		•	F	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis				
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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 41-0705136

Name: CENTRAL MINNESOTA CREDIT UNION

## Form 990, Special Condition Description:

**Special Condition Description** 

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314018022

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

	me of the organization NTRAL MINNESOTA CREDIT UNION		E	imployer identification number
CLI	THAL PHANESOTA CREDIT ONION		4	1-0705136
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		imilar Fund	is or Accounts. Complete if the
		(a) Donor advised fund	ds	(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 adv			advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit			•
Pa	rt III Conservation Easements. Complete	ıf the organızatıon answere	d "Yes" to Fo	orm 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure) Preserva	ation of an his ation of a cert	torically importantly land area ified historic structure a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2	
a b	Total acreage restricted by conservation easement	c	21	
	Number of conservation easements on a certified hi		20	
c d	Number of conservation easements included in (c) a	, ,	20	_
3	Number of conservation easements modified, transf the taxable year 🛌	erred, released, extinguished, or	terminated by	y the organization during
4	Number of states where property subject to conserv	ation easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ction, handling	g of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservat	ion easement	s during the year ►
7	A mount of expenses incurred in monitoring, inspect  \$ \( \begin{align*} \text{ + } \\ \\ \end{align*}	ing, and enforcing conservation (	easements du	iring the year
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requireme	ents of section	TYes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization'		•
Par	<b>t IIII</b> Organizations Maintaining Collection Complete if the organization answered			Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education	or research ir	n furtherance of public service,
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or i		·
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r assets for fir	·
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

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

46.11	•••• Organizations Maintaining Co	Hections of Art	t, HIS	TOFI	cai ir	easi	ures, or o	uie	. O	733	- L- (CC	ontinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing t	that a	re a significa	ant u	se of its co	llectio	n	
а	Public exhibition		d	Γ	Loan	orexc	hange progr	ams				
ь	Scholarly research		e	Γ	Other	-						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	/ furthe	erthe	organızatıon	's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Par	<b>Escrow and Custodial Arrang</b> Part IV, line 9, or reported an an						n answere	d "Y	es" to Fo	rm 990	ο,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г			A mo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?				L			Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									•		
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to	Form 990,	Par	t IV, line	10.		
		(a)Current Year	(b	Prior `	⁄ear	<b>(c)</b> Tv	wo Years Back	(d)	Three Years	Back (e	<b>)</b> Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment 🕨											
С	Term endowment ▶											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	re held	danda	admınıstere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations			•		•		٠		3a(i)		
	(ii) related organizations							•		3a(ii)	<u> </u>	<u> </u>
ь	If "Yes" to 3a(11), are the related organizatio	•				•		•		3b		
4	December in Bort VIV the intended uses of th	a arganization's an										
4 Par	Describe in Part XIV the intended uses of th					10						
	t VI Land, Buildings, and Equipme			rt X	line 1		(h)Coat on a		(-) 4	ا بدوار		
				art X		other	( <b>b)</b> Cost or of basis (othe		(c) Accumu deprecial		( <b>d</b> ) Bo	ok value
Par	t VI Land, Buildings, and Equipme			art X	line 1	other	1 ' '	r)				ok value 4,159,033
Par 1a	Description of property			art X	line 1	other	basis (othe	r) ,033			. ,	
Par 1a b	Description of property			art X	line 1	other	basis (othe 4,159 11,435	r) ,033			. ,	4,159,033
Par 1a b	Description of property  Land			art X	line 1	other	basis (othe 4,159 11,435	r) ,033 ,602 ,808			1	4,159,033 1,435,602
Par 1a b c d	Description of property  Land	nt. See Form 99	90, Pa	(a) basis	Cost or Ginvesti	other ment)	basis (other 4,159 11,435 550 2,878	r) ,033 ,602 ,808	deprecial		1	4,159,033 1,435,602 550,808

Part VII Investments-Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or category	( <b>b)</b> Book value	(c) Method of valuation
(including name of security)	1	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	•	
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line in	15.)	
Part X Other Liabilities. See Form 990, Part >		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
MEMBER SHARES	512,458,074	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	512,458,074	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	33,774,954
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,981,372
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	7,793,582
4	Net unrealized gains (losses) on investments	4	-2,324
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,562,169
9	Total adjustments (net) Add lines 4 - 8	9	1,559,845
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	9,353,427
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	33,774,953
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	33,774,953
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	33,774,954
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	25,981,372
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	25,981,372
4	A mounts 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	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	25,981,372

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

## 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.

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CREDIT UNION IS EXEMPT, UNDER IRC 501(C)(14), FROM FEDERAL AND STATE INCOME TAXES CERTAIN PRODUCTS AND SERVICES PROVIDED BY SELECT STATE CHARTERED CREDIT UNIONS HAVE BEEN DEEMED BY THE INTERNAL REVENUE SERVICE (IRS), IN TECHNICAL ADVICE MEMORANDUMS (TAMS) RELEASED IN 2007, TO BE UNRELATED TO THE SPECIFIC ENTITY'S EXEMPT PURPOSE AS PRESENTED IN THE TECHNICAL ADVICE MEMORANDUMS THE NET TAXABLE INCOME FROM THESE PRODUCTS AND SERVICES WOULD BE SUBJECT TO INCOME TAXES CREDIT UNIONS HAVE LITIGATED AGAINST THE IRS POSITIONS NOTED IN THE TAMS AND HAVE BEEN SUCCESSFUL IN HAVING COURTS DECLARE IN 2009 AND 2010 THAT REVENUE FROM INSURANCE PRODUCTS SOLD TO MEMBERS, HELPING THEM PROTECT THEIR FINANCIAL WELLBEING, QUALIFIES AS EXEMPT PURPOSE INCOME, CONTRARY TO THE IRS POSITION IN THE TAMS THE CREDIT UNION HAS FILED A TAX RETURN FOR 2010, SUBSEQUENT TO THEIR CONVERSION TO A STATE CHARTER, FOR ACTIVITIES THEY HAVE DEEMED TAXABLE WHEN THE CREDIT UNION CONVERTED TO A STATE CHARTERED CREDIT UNION AS OF NOVEMBER 1, 2010, IT ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS AS A RESULT OF THE IMPLEMENTATION, THE CREDIT UNION EVALUATED ITS TAX POSITIONS AND DETERMINED NO UNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2011 AND 2010 THE CREDIT UNION'S 2010 THROUGH 2011 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY ACQUIRED IN MERGER 1,562,169
PART XII, LINE 4B - OTHER ADJUSTMENTS		ROUNDING 1

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Part I General Information on Grants and Assistance

Schedule I (Form 990)

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

OMB No 1545-0047

2011

DLN: 93493314018022

pen to Public

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL MINNESOTA CREDIT UNION

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

Attach to Form 990

Inspection Employer identification number

41-0705136

Form 990, Part IV	, line 21 for any	o Governments and recipient that received (0) if additional space	d more than \$5,000.	. Check this box if n	io one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grai or assistance
L) RICORI SCHOOL ISTRICT534 5TH VENUE NORTH OLD SPRING,MN 56320	41-0917354		9,000				PURCHASE SCOREBARD FOR NEW HIGH SCHOO GYM
2) PAYNESVILLE ASEBALL CLUB INC29153 ORONIS DRIVE AYNESVILLE, MN 56362	27-3708054	501(C)(3)	5,000				ASSIST IN BUILDING A BASEBALL STADIU IN THE PAYNESVILLE COMMUNITY

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)A mount of cash grant	(d)A mount 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.

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 FINANCIAL DONATIONS ARE MADE AT MANAGEMENT'S DISCRETION TO ORGANIZATIONS THAT ARE MEMBERS OF OR REPRESENTED BY MEMBERS OF THE CREDIT UNION BASED ON THE NEEDS OF ORGANIZATIONS WITHIN OUR COMMUNITIES THE CREDIT UNION MAINTAINS RECORDS OF THE AMOUNTS DONATED

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DLN: 93493314018022

OMB No 1545-0047

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#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Name of the organization CENTRAL MINNESOTA CREDIT UNION **Employer identification number** 

41-0705136

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate 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			
	First-class or charter travel  Housing allowance or residence for personal use			
	▼ Travel for companions			
	▼ Tax idemnification and gross-up payments			
	Discretionary spending account 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 orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
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?	_	,,	
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in fine 147	2	Yes	<u> </u>
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			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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			
а	Receive a severance payment or change-of-control payment?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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			
а	The organization?	5a		
b	Any related organization?	5b		
	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			
а	The organization?	6a		
ь	Any related organization?	6b		
	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	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	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	f W-2 and/or 1099-MIS		(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F</b> ) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD ODENTHAL	(ı) (ıı)	326,808 0	111,731	. 8,638 0	26,300	20,283 0	493,760	0
(2) CHARLES FRIEDERICHS	(ı) (ıı)	137,535 0	43,481 0	10,616	20,281	24,142 0	236,055	0
(3) BERNARD BRIXIUS	(ı) (ıı)	169,092 0	50,486 0	10,182			256,931	0
(4) MICHAEL WEHLAGE	(ı) (ıı)	136,108 0	37,183 0	2,083	18,740	17,457 0	211,571 0	0
(5) NADINE RIELAND	(ı) (ıı)	111,413 0	25,332 0	0	,	16,835 0	166,324	0
(6) JASON MACDONALD	(ı) (ıı)	104,602 0	24,642 0	600	1	18,848 0	162,367	0
			<u> </u>				1	
	'		<u> </u> '				1	
			<u> </u>				<u> </u>	
	!		<u> </u>	<u> </u>				
	!		<u> </u>				1	
	'						1	
			<u> </u>					

### 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

Ident if ier	Return Reference	Explanation
	1 A	ART KERFELD - SPOUSE AIRFARE FOR CONFERENCE - \$578 FRED FLEISCHHACKER - SPOUSE AIRFARE FOR CONFERENCE - \$578 MARVIN HINNENKAMP - SPOUSE AIRFARE FOR CONFERENCE - \$390 DEAN MOHS - SPOUSE AIRFARE FOR CONFERENCE - \$270 CHAD MIDDENDORF - SPOUSE AIRFARE FOR CONFERENCE - \$790 LUANN LOXTERCAMP - SPOUSE AIRFARE FOR CONFERENCE - \$790 PHILIP OSENDORF - SPOUSE AIRFARE FOR
		CONFERENCE - \$1,011 BERNARD BRIXIUS - SPOUSE AIRFARE FOR CONFERENCE - \$272 JASON MACDONALD - SPOUSE AIRFARE FOR CONFERENCE - \$345 RICHARD ODENTHAL - MEDICARE TAX ON COMPANY VEHICHLE GROSS-UP \$125 CHARLES FRIEDERICHS - MEDICARE TAX ON COMPANY VEHICHLE GROSS-UP \$154 BERNARD BRIXIUS - MEDICARE TAX ON COMPANY VEHICHLE GROSS-UP \$148 MICHAEL WEHLAGE - MEDICARE TAX ON COMPANY VEHICHLE GROSS-UP \$30

Schedule J (Form 990) 2011

## OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

Name of the organization CENTRAL MINNESOTA CREDIT UNION **Employer identification number** 

41-0705136

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP IN THE CREDIT UNION IS OPEN TO THOSE WHO LIVE, WORK, WORSHIP, OR ATTEND SCHOOL IN AND BUSINESSES AND OTHER LEGAL ENTITIES IN 13 CONTIGUOUS COUNTIES IN CENTRAL MINNESOTA IN ADDITION TO A REGULARLY QUALIFIED MEMBER, THE SPOUSE OF A MEMBER, THE BLOOD OR ADOPTIVE RELATIVES OF EITHER OF THEM AND THEIR SPOUSES MAY BE MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE GOVERNING BODY AND ALL MEMBERS HAVE AN EQUAL VOTE
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS APPROVE MINUTES OF MEMBER MEETINGS AND MOTIONS MADE AT THE ANNUAL MEETING (INCLUDING AMENDMENTS TO BYLAWS)
	FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF FINANCIAL OFFICER WILL REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	KEY EMPLOYEES AND BOARD MEMBERS COMPLETE A QUESTIONNAIRE ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	THE WAGE AND COMPENSATION COMMITTEE REVIEWS AND APPROVES CEO COMPENSATION ANNUALLY INCREASES ARE BASED, IN PART, ON INDUSTRY COMPARABILITY DATA THIS PROCESS WAS LAST COMPLETED IN 2011 EXECUTIVE MANAGEMENT AND HUMAN RESOURCES REVIEW AND APPROVE COMPENSATION FOR OTHER EMPLOYEES ANNUALLY AN INDEPENDENT FIRM IS ENGAGED ANNUALLY TO REVIEW SALARY RANGES INCLUDING THE DEVELOPMENT OF A SALARY INCREASE MATRIX THIS PROCESS WAS LAST COMPLETED IN OCTOBER 2011
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO MEMBERS UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -2,324 EQUITY ACQUIRED IN MERGER 1,562,169 TOTAL TO FORM 990, PART XI, LINE 5 1,559,845
	FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE TO THIS PROCESS SINCE THE PRIOR YEAR