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Form **990**

SCANNEL DEC 0 2 2014

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)

OMB No. 1545-0047

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

Open to Public Inspection

| A | For the | 2011 Calendar year, or tax year beginning and | enaing | _ | |
|---------------|-----------------------------|---|-------------------|---------------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres | SHAREPOINT CREDIT UNION | | | |
| | Name Chang | Doing Business As | | 41-6 | 024250 |
| F | Initial return Termir | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite 200 | E Telephone number | 930-0700 |
| 누 | ated | | 200 | | |
| 누 | return Applic | City or town, state or country, and ZIP + 4 | | G Gross receipts \$ | 9,815,484. |
| L | tion pendir | I HOLKING, IM 22242 | | H(a) Is this a group re | |
| | | F Name and address of principal officer. PHILLIP KOPISCHKE | | for affiliates? | Yes X No |
| _ | | SAME AS C ABOVE | | H(b) Are all affiliates inc | luded? L Yes L No |
| | | empt status: 501(c)(3)X 501(c)(14) ◀ (insert no.) 4947(a)(1) o | or 527 | If "No," attach a | list. (see instructions) |
| J | Websit | e: NWW.SHAREPOINTCU.COM | | H(c) Group exemption | n number 🕨 |
| K | Form of | organization: Corporation Trust Association X Other ► CU | L Year | of formation: 1933 N | State of legal domicile: MN |
| _ | art I | Summary | | | |
| _ | | Bnefly describe the organization's mission or most significant activities: THE | CREDIT | UNION'S MI | SSION IS TO |
| Governance | 1' | OFFER COMPETITIVE DEPOSIT AND LOAN PRODU | CTS TO | ASSIST OUR | MEMBERS |
| ă | | | | | |
| ě | | Check this box Lift the organization discontinued its operations or dispositions for the continued its operations or dispositions and the continued its operations of the continued its operations. | sed of more | 1 1 | 8 |
| Ő | | Number of voting members of the governing body (Part VI, line 1a) | • | . 3 | 8 |
| ಳ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | . 4 | 49 |
| es | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | | . 5 | |
| ₹ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 9 |
| Activities & | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, line 34 | | <u></u> | 0. |
| | | | Ľ | Prior Year | Current Year |
| a | 8 | Contributions and grants (Part VIII, line 1h) | L | 0. | 0. |
| 2 | 9 | Program service revenue (Part Vill, line 2g) | | 7,927,991. | 7,501,190. |
| Revenue | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,572,845. | 1,228,820. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | · · · | 156,651. | -15,165. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | ·· | 9,657,487. | 8,714,845. |
| _ | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | Describe and the order and the order (Dest IV ask are (A) line (I) | · · | 0. | 1,824,377. |
| | | • | · | 2,545,454. | 2,775,196. |
| Expenses | 15 | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 0. | 0. |
| ë | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | |
| X | • ь | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | C EE1 C17 | 4 054 244 |
| ш. | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | … | 6,551,617. | 4,054,244. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 9,097,071. | 8,653,817. |
| _ | _ | Revenue less expenses. Subtract line 18 from line 12 | | 560,416. | 61,028. |
| Net Assets or | 3 | | | eginning of Current Year | End of Year |
| Sets | ਰੂ 20 | Total assets (Part X, line 16) | | 169,143,835. | |
| AS. | 21 | Total liabilities (Part X, line 26) | | L49,573,209. | 153,237,055. |
| <u> </u> | 22 | Net assets or fund balances, Subtract line 21 from line 20 | | 19,570,626. | 19,698,580. |
| P | art II | Signature Block | | | |
| Un | der pena | ities of perjury, I declare that I have examined this return, including accompanying schedule | es and statem | ents, and to the best of m | v knowledge and belief, it is |
| | | t, and complete. Declaration of preparer (other than officer) is based on all information of w | | | , , |
| | 0, 00110 | Duly a James | | l l l l l l l l l l l l l l l l l l l | |
| ٥: | | Stanature of officer | | Date | |
| Si | | JULIE A. TANNER, CFO | | 12126 | 1. 2 |
| He | ere | Type or print name and title | | 1000 | 114 |
| _ | | | | Date Check | TT PTIN |
| | | Print/Type preparer's name Preparer's signature | 101 | 1060/1 | |
| Pa | | SHERRI WESSELS Yew Wes | w | 12/19/12 self-employ | |
| | eparer | Firm's name CLIFTONLARSONALLEN LLP | | Firm's EIN | 41-0746749 |
| Us | e Only | Firm's address P.O. BOX 217 | | | |
| | | AUSTIN, MN 55912 | | Phone no. 5 | 07-434-7000 |
| М | ay the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

1 Yes 1 No Form 990 (2011) 8 9/13 NE

LHA For Paperwork Reduction Act Notice, see the separate instructions.

| Form | 990 (2011) SHAREPOINT CREDIT UNION | 41-6024250 | Page 2 |
|-----------|---|--|---------------|
| Par | t III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response to any question in this Part III | | |
| 1 | Briefly describe the organization's mission: | | |
| • | THE CREDIT UNION'S MISSION IS TO OFFER COMPETITIVE LOAN | AND DEPOSTT | |
| | | | D.C. |
| | PRODUCTS TO OUR MEMBERSHIP TO CREATE LIFELONG FINANCIAL | RELATIONSHI | P5. |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on | | |
| | 4b - 2000 Fe - 2000 - 2000 F70 | Yes | X No |
| | | | 140 |
| | If "Yes," describe these new services on Schedule O. | | [TZ] |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | X No |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | measured by expenses | 3. |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of | | |
| | • | granto ana anocatorio i | • |
| | others, the total expenses, and revenue, if any, for each program service reported. | | |
| 4a | (Code) (Expenses \$ including grants of \$) (Reven | |) |
| | DIVIDENDS AND INTEREST PAID TO MEMBERS ON APPROXIMATELY | 29,000 DEPO | SIT |
| | ACCOUNTS HELD BY APPROXIMATELY 18,000 MEMBERS. | | |
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| | | | |
| 4b | (Code) (Expenses \$ including grants of \$) (Reven | ue \$ |) |
| | DIRECT LABOR AND EMPLOYEE BENEFIT COSTS INCURRED PROVID | ING SAVINGS | |
| | DEPOSIT SERVICES, ORGINATING NEW LOANS AND SERVICING TH | | OLIO |
| | FOR MEMBERS. | | |
| | FOR MEMBERS. | | |
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| ar | (Code VEynenses \$ including grapts of \$) (Device | ue S | |
| 4c | (Code) (Expenses \$ including grants of \$) (Reven | |) |
| | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT | ACTIVITY AN | |
| -4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
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| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| 46 | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME NETWORKS AND IN PERSON AT THE CREDIT UNION OFFICE. | ACTIVITY AN | |
| 4c | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME | ACTIVITY AN | |
| | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME NETWORKS AND IN PERSON AT THE CREDIT UNION OFFICE. | ACTIVITY AN | |
| 4d | DATA PROCESSING COSTS INCURRED RECORDING MEMBER ACCOUNT PROVIDING ACCESS TO MEMBERS TO THEIR ACCOUNTS VIA HOME NETWORKS AND IN PERSON AT THE CREDIT UNION OFFICE. Other program services (Describe in Schedule O.) | ACTIVITY AN | |

Form 990 (2011) SHAREPOINT C
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 | 4 | | х |
| _ | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 2 | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | 2 | | х |
| 4 | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 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 | | Х |
| 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, | | | l |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | x |
| _ | Schedule D, Part III | 8 | | _ |
| 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 | _ | | х |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | _ |
| 10 | Did the organization, directly or through a related organization, hold assets in 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 | 10 | | |
| •• | as applicable. | | | |
| 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 | х | |
| 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 | Х | |
| 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 reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| 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 | 111 | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | . | |
| | Schedule D, Parts XI, XII, and XIII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 406 | | x |
| 40 | 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 | | <u> </u> |
| D | 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 | | | 1 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | 170 | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 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 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 1 | | |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| <u>b</u> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | <u> </u> | |
| | | Form | 990 (| (2011) |

Form 990 (2011) SHAREPOINT CREDIT Part IV Checklist of Required Schedules (continued) SHAREPOINT CREDIT UNION

| | | | 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 | | х |
| 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 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | 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 | 051 | | |
| 00 | 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 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | - 11 |
| 21 | 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 | | х |
| 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): | ł | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | 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 | | Х |
| 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 conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | į | ₹. |
| • | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? | | | х |
| 25- | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of | 35a | | |
| U | section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 330 | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | ├── | | \vdash |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | ٿ | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| | | | 990 (| 2011) |

Page 5

| Par | 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 | 3495 | 1 | |
| ь | | 0 | İ | } |
| С | | ming | | 1 |
| | (gambling) winnings to prize winners? | 1c | 1 | |
| 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 | 49 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | \mathbf{I} | Π |
| 3a | | 3a | 1 | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over | er, a | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| Ь | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | <u>5</u> b | | X |
| 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 organizat | on solicit | | 1 |
| | any contributions that were not tax deductible? | 6a | | X |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | 1 |
| | were not tax deductible? | 6b | , | $oldsymbol{ol}}}}}}}}}}}}}}}}}$ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide | d to the payor? 7a | | ـــــــ |
| b | | | | ↓ |
| С | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | <u>7</u> c | Ш_ | ↓ |
| d | d If "Yes," indicate the number of Forms 8282 filed during the year | , | | 1 |
| е | | | $\overline{}$ | ╄ |
| f | | <u>7f</u> | | — |
| g | | | | _ |
| | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a | | 4 | + |
| 8 | | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time duri | ng the year'' 8 | — | + |
| 9 | | , l- <u></u> - | | - |
| a | a Did the organization make any taxable distributions under section 4966? | <u>9</u> a | | ∔— |
| ъ | | 9b | + | |
| 10 | | | | 1 |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | - | |
| 11 | Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders | | | 1 |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| b | amounts due or received from them.) | ļ | ŀ | |
| 120 | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12: | ا | ł |
| | b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | <u> </u> | - | +- |
| 13 | | | | 1 |
| | a Is the organization licensed to issue qualified health plans in more than one state? | 13: | | + |
| a | Note. See the instructions for additional information the organization must report on Schedule O. | 104 | +- | + |
| h | b Enter the amount of reserves the organization is required to maintain by the states in which the | | 1 | |
| U | organization is licensed to issue qualified health plans | | | |
| • | c Enter the amount of reserves on hand | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 | a | X |
| | b. If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14 | | † ∵ |

132005 01-23-12

Form **990** (2011)

SHAREPOINT CREDIT UNION 41-6024250 Form 990 (2011) 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 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. b 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? $\overline{\mathbf{X}}$ Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? ... 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 - Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Яa The governing body? X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 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 Nο X 10a 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, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 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 X 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? ... 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 15b Other officers or key employees of the organization ... 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 Х 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶ 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 W Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial

Form 990 (2011)

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

HOPKINS,

200,

750 SECOND STREET NE,

statements available to the public during the tax year.

SHAREPOINT CREDIT UNION - 952-930-0700

Part VIII 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.

Licheck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

| (A) | (B) | J.g. | 11122 | (C | | прс | 1341 | (D) | (E) | (F) |
|----------------------------|---|------------|-----------------------|-----------------|--------|------------------------------|--------------|--|--|--|
| Name and Title | Average | (40 | not c | Posi heck : | tion | than | 004 | Reportable | Reportable | Estimated |
| | hours per | box. | . unle | ss per d a d | rson I | s bot | h an | compensation | compensation | amount of |
| | week (describe hours for related organizations in Schedule O) | | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) JOSEPH BUDNICK | | <u> </u> | _ | | | | _ | | ,, | |
| BOARD CHAIR | 1.00 | Х | | | | | | 4,440. | 0. | 0. |
| (2) RICHARD JOHNSON | | 1 | | | | | | | | |
| DIRECTOR | 0.50 | X | | | | | | 2,715. | , 0. | 0. |
| (3) JOE SCHMIDT | | | | | | | | | | _ |
| DIRECTOR | 1.00 | X | | | | | | 3,045. | 0. | 0. |
| (4) GARY HAWLEY | | | | | | | | | | |
| VICE CHAIR | 1.00 | X | | | | | | 2,610. | 0. | 0. |
| (5) CURT RITTENBACH | | i | | | | | | | _ | _ |
| DIRECTOR | 0.50 | X | | | | <u> </u> | <u> </u> | 2,955. | 0. | 0. |
| (6) CHERYL WALL | | | | ١. | | l | | | | |
| DIRECTOR | 0.50 | X | _ | <u> </u> | _ | ļ | | 2,040. | 0. | 0. |
| (7) MIKE PAN | | l | ĺ | | İ | | İ | 44 045 | | |
| DIRECTOR | 0.50 | X | <u>Ļ</u> | <u> </u> | | ┞ | ╙ | 11,015. | 0. | 0. |
| (8) ALAN PEDERSON | 0.50 | ١., | ľ | l | | | ļ | 2 265 | _ | |
| DIRECTOR | 0.50 | <u> ^</u> | | | _ | _ | 1 | 2,265. | 0. | 0. |
| (9) PHILLIP KOPISCHKE | 40.00 | | | x | | | | 228,793. | 0. | 5,466. |
| CEO | 40.00 | ┝ | ├ | 1^ | | ╀ | ┝ | 220,193. | 0. | 3,400. |
| (10) JULIE TANNER CFO | 40.00 | | | x | | | 1 | 107,186. | 0. | 11,968. |
| (11) JED MEYER | 40.00 | ╁┈ | ┢ | <u> </u> | - | ╁ | | 107,100. | | 11,500. |
| DIRECTOR OF MEMBER SERVICE | 40.00 | | | х | | | | 102,752. | 0. | 12,557. |
| (12) BRAD FORTER | 40.00 | | | | l | | • | 110 540 | 1 | 2 650 |
| DIRECTOR OF IT | 40.00 | - | ┞ | X | L | ┼ | ┝ | 110,740. | 0. | 3,652. |
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| | - | ┼- | ╁ | +- | - | + | + | | | |
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| | (A) Section A. Officers, Directors, T | (B) | iipic | yee | | <u>na 1</u> C) | ı ııyıl | csi | (D) | (E) | _ <u> </u> _ | (F) | |
|----------|--|--------------------------|--------------------------------|-----------------------|----------|-------------------|---------------------------------|----------|---------------------------|---------------------|---|-----------------------|--------------|
| | Name and title | Average | | | Pos | - | 1 | | Reportable | (E) Reportable | | Estimat | tod |
| | Name and title | hours per | | not c | heck | more | than o | | compensation | compensation | | amoun | |
| | | week | | | | | or/trus | | from | from related | | othe | |
| | | (describe | icto | | l | | ļ | | the | organizations | 4 | ompens | |
| | | hours for | Individual trustes or director | 。 | | | ated | | organization | (W-2/1099-MISC) | | from t | |
| | | related organizations | stea | truste | 1 | | suad | | (W-2/1099-MISC) | | | organiza and rela | |
| | | in Schedule | ual fr | poug | | 훒 | t com | _ | | | ١, | ario reia organiza | |
| | | O) | ndivid | Institutional trustee | Officer | Ey em | Highest compensated employee | Бите | | | ` | 31 garnea | |
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| | | | <u>L</u> | <u> </u> | L | <u>L</u> _ | <u> </u> | <u> </u> | | | | | |
| | Sub-total | | | | | | | | 580,556. | |) • | 33, | 643. |
| C | Total from continuation sheets to Part | VII, Section A | | | | | | | 0. | |). | | 0. |
| <u>d</u> | Total (add lines 1b and 1c) | ······ | | | | | <u> </u> | | 580,556. | |). | 33, | 643. |
| 2 | Total number of individuals (including bu | t not limited to th | nose | list | ed a | bov | e) w | ho r | eceived more than \$100 | 0,000 of reportable | | | |
| | compensation from the organization | | | | | | | | | | | | 4 |
| | | | | | | | | | | | _ | Yes | No |
| 3 | Did the organization list any former office | | | | | | | | | | | | نـــــ ا ـــ |
| | line 1a? If "Yes," complete Schedule J fo | | | | | | | | | | \vdash | 3 | X |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | _ | - | | |
| | and related organizations greater than \$ | | | | | | | | | | $\cdot \vdash$ | 4 X | + |
| 5 | Did any person listed on line 1a receive of | | | | | | | relat | ted organization or indiv | idual for services | | | X |
| | rendered to the organization? If "Yes," co | omplete Schedu | e J | or s | ucn | per | son | | | | _ــــــــــــــــــــــــــــــــــــــ | 5 | 1. |
| | tion B. Independent Contractors | | | | | | | | | A400.000. f | | | |
| 1 | Complete this table for your five highest | - | • | | | | | | | • | ensati | on trom | |
| | the organization. Report compensation f | or the calendary | /ear | ena | ing v | MILL | or w | /IIII | | year. | | (0) | |
| | (A) Name and busine | ss address | M | ON | E. | | | į | (B) Description of s | services | Cor | (C) npensat | ıon |
| | | | | 011 | <u> </u> | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 | Total number of independent contractor | s (including but i | not l | mit | ed to | the | nse li | ste | d ahove) who received r | nore than | | | |
| ~ | \$100,000 of compensation from the orga | - | | , 111.0 | | (| 0 | ~ | a aboroj mno received i | | | | |
| | w.so.joso or compensation nom the digi | | | | | | | | | L | F, | orm 990 | (2011) |
| | | | | | | | | | | | | | |

Form 990 (2011)

01-23-12

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).

| o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|--------------------|--|--|--------------------------------|
| Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | | | | |
| Grants and other assistance to individuals in | · · · · · · | | | |
| the United States, See Part IV, line 22 | ļ | | | |
| 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 | 1,824,377. | · | | - |
| Compensation of current officers, directors, | | | | |
| trustees, and key employees | 614,199. | | | |
| 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 | 1,502,055. | | | |
| Pension plan accruals and contributions (include | | | | |
| section 401(k) and section 403(b) employer contributions) | | | | |
| Other employee benefits | 451,165. | | | |
| Payroll taxes | 207,777. | | | |
| Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 43,793. | | | |
| c Accounting | 62,326. | <u>-</u> | | |
| d Lobbying | | · | ļ | |
| e Professional fundraising services. See Part IV, line 17 | | | · | |
| f Investment management fees | 000 000 | | | |
| g Other | 800,220. | | | |
| Advertising and promotion | 200 550 | | | <u> </u> |
| 3 Office expenses | 299,559. | | <u> </u> | |
| Information technology | | - · · · - · · · · · · · · · · · · · · · | | |
| 5 Royalties | 391,460. | | | |
| Occupancy | 30,141. | | | |
| 7 Travel | 30,141. | | | |
| Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| F | | | | |
| | | | | |
| Interest | | | | |
| 2 Depreciation, depletion, and amortization | 257,204. | ,, | | |
| 3 Insurance | 6,453. | | | |
| Other expenses. Itemize expenses not covered | | | | |
| above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| amount, list line 24e expenses on Schedule 0.) a LOAN SERVICING EXPENSE | 947,823. | | - | |
| b PROVISION FOR LOAN LOSS | 572,569. | · · · · · · · · · · · · · · · · · · · | | |
| CORPORATE FUND ASSESSME | 358,879. | | - | |
| d EDUCATIONAL AND PROMOTI | 197,378. | | | |
| e All other expenses | 86,439. | | | |
| Total functional expenses. Add lines 1 through 24e | 8,653,817. | | | |
| Joint costs. Complete this line only if the organization | -,, | | | |
| reported in column (B) joint costs from a combined | | | | |
| educational campaign and fundraising solicitation. | İ | | | |
| Check here following SOP 98-2 (ASC 958-720) | i | | | Ì |

Form 990 (2011) Part X Balance Sheet (A) (B) End of year Beginning of year 1,646,432. 1,073,155. Cash - non-interest-bearing 11,200,000. 13,812,000. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 105.158.192. 107,808,650. 7 Notes and loans receivable, net Inventories for sale or use 246,133. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other 2,835,138. basis. Complete Part VI of Schedule D 10a 1,005,864. 914,510. 1,829,274. 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 44,762,051 42,055,237. Investments - other securties. See Part IV, line 11 12 12 333,000. 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 6,035,927. 6,028,319. 15 15 Other assets. See Part IV, line 11 169,143,835. 172,935,635. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,112,121. 888,084. 17 Accounts payable and accrued expenses 18 Grants payable . 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ., 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 148,461,088. 152,348,971. Schedule D 153,237,055. 149,573,209. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 28 28 Temporarily restricted net assets

> 172,935,635. Form 990 (2011)

19,698,580.

19,698,580.

0.

n

O. 31

32

19,570,626.

19,570,626.

169,143,835.

31

32

33

Permanently restricted net assets

Capital stock or trust principal, or current funds .. .

complete lines 30 through 34.

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117, check here

X and

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

| Form | 990 (2011) SHAREPOINT CREDIT UNION | 41-6024 | 250 | Pag | ge 12 |
|------|---|---------------------------------------|----------|------------|------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | <u> </u> | <u> </u> | | X |
| | , | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | ,71 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 8 | ,65 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 28. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 19 | ,57 | | |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | 26. |
| 6 | 110 2000 01 1212 0212 0110 01 1211 02 | 6 19 | ,69 | <u>8,5</u> | <u>80.</u> |
| Pa | t XIII Financial Statements and Reporting | | | | r==- |
| | Check if Schedule O contains a response to any question in this Part XII | · · · · · · · · · · · · · · · · · · · | | ·· | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | 1 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C |). | | | 1:: |
| 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 | L |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sched | Jule 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: | | | | · ' |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | ile Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | 1 1 | | 1 |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | <u></u> | 3b | | |
| | | | Form | 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 Inspection

Name of the organization Employer identification number SHAREPOINT CREDIT UNION 41-6024250 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements ... Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

(b) Book value

42,055,237.

42,055,237

(1) Financial derivatives (2) Closely-held equity interests

(A) SECURITIES -

(3) Other

(B) (C) (D) (E) **(F)** (G) (H)

(11)

132053 01-23-12

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

FIN 48 (ASC 740) FOOThote, in Part XIV, provide the text of FIN 48 (ASC 740).

(a) Description of security or category

(including name of security)

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)

AFS

Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation: (a) Description of investment type (b) Book value Cost or end-of-year market value (1)(2)(3)(4)(5) (6) (7) (8) (9) (10)Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (1) (2)(3)(4)(5)(6)(7) (8) (9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value Federal income taxes (1) 10,702,753. SHARE DRAFTS REGULAR SHARES 31,447,694. MONEY MARKET SHARES 37,803,858. (4) SHARE CERTIFICATES 47,949,166. (5)IRA ACCOUNTS 24,368,377. (6)OTHER SHARES 77,123 (7) (8)(9) (10)

Schedule D (Form 990) 2011

152,348,971.

| Sche | dule D (Form 990) 2011 SHAREPOINT CREDIT UNION | | | 5024250 | Page 4 |
|--------|---|---------------|-----------|------------------|--|
| Par | t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan | cial Stat | ement | | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | | 8,714, | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | | 8,653, | |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | | | 028. |
| 4 | Net unrealized gains (losses) on investments | 4 | | 66, | 926. |
| 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 | | | 926. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | | | 954. |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Rever | nue per | Return | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 8,714 | 845. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains on investments | | _ | | |
| b | Donated services and use of facilities | | _ | | |
| С | Recoveries of prior year grants | | _ | | |
| d | Other (Describe in Part XIV.) | | | | |
| е | Add lines 2a through 2d | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 8,714 | ,845. |
| 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 | | 1 1 | | |
| b | Other (Describe in Part XIV.) | |] | | |
| c | Add lines 4a and 4b | | 4c | | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 8,714 | ,845. |
| Par | t XIII Reconciliation of Expenses per Audited Financial Statements With Expe | enses pe | r Retu | rn | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 8,653 | ,817. |
| 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 | | 7.1 | | |
| С | Other losses | | | | |
| d | Other (Describe in Part XIV.) | | | | |
| е | Add lines 2a through 2d | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 8,653 | ,817. |
| 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 | | 1 | | |
| b | Other (Describe in Part XIV.) | | 7 | | |
| С | Add lines 4a and 4b | | 4c | | 0. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 8,653 | ,817. |
| Pai | t XIV Supplemental Information | | | | |
| Com | olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pa | art IV, lines | 1b and 2 | 2b; Part V, line | 4; Part |
| X, lin | e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro | vide any a | dditional | Information. | |
| PAI | RT X, LINE 2: THE CREDIT UNION IS EXEMPT, UNDER IRC | 501 (| C) (: | 14), | |
| | | | - | | |
| FRO | OM FEDERAL AND STATE INCOME TAXES. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| CEI | RTAIN PRODUCTS AND SERVICES PROVIDED BY SELECT STATE | CHAR | TERE | D CREDI | <u>r </u> |
| UN: | ONS HAVE BEEN DEEMED BY THE INTERNAL REVENUE SERVIO | E (IR | S), | IN | |
| | CHNICAL ADVICE MEMORANDUMS (TAMS) RELEASED IN 2007, | | | ELATED ' | TO |
| | S SPECIFIC ENTITY'S EXEMPT PURPOSE. AS PRESENTED IN | | | | |
| 1111 | . DIEGITEC BATTIT D BADATT TOATOOD: AD TREBBATED IN | I | | TOTAL AD | |
| ME | ORANDUMS THE NET TAXABLE INCOME FROM THESE PRODUCTS | AND | | | |
| | | | Sched | lule D (Form 9 | 4017011 |

094-6GP1

Part XIV Supplemental Information (continued)

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 NOT FILED TAX RETURNS IN THE PAST FOR ACTIVITIES THEY HAVE DEEMED TAXABLE.

THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES AND

INTEREST FOR ANY YEARS FOR WHICH NO TAX RETURN WAS FILED. IN THE OPINION

OF MANAGEMENT, ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING

INCOME TAXES ON THE NET TAXABLE INCOME FROM ACTIVITIES POTENTIALLY DEEMED

TO BE UNRELATED TO THE CREDIT UNION'S EXEMPT PURPOSE IS NOT EXPECTED TO

HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS

OF OPERATIONS.

THE CREDIT UNION ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX

POSITIONS. AS A RESULT, 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 2008 THROUGH 2010 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions.

SHAREPOINT CREDIT UNION Part I Questions Regarding Compensation

Employer identification number 41-6024250

| | | | Yes | No |
|-----|---|-------------|--|---|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | ĺ. |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | l | | 4 |
| | First-class or charter travel Housing allowance or residence for personal use | | | 1 |
| | Travel for companions Payments for business use of personal residence | ١. | | 1 |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | ' |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | 1 | |
| | | 1 | | : |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | - | , | ; |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 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? | 2 | | ļ |
| | , , , , , , , , , , , , , , , , , , , | | _ | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | · . | • | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | - | |
| | establish compensation of the CEO/Executive Director. Explain in Part III. | | | , |
| | Compensation committee Written employment contract | - | | : |
| | Independent compensation consultant Compensation survey or study | | - | 1 |
| | Form 990 of other organizations X Approval by the board or compensation committee | 1 | | , ; |
| | | | 100 | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | 1. | | |
| - | organization or a related organization: | 1 | 1 . |] |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| h | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | Ì | X |
| · | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | -, - | İ | |
| | The state of the state of the persons and provide the applicable anisotres for easily the state of the state | _ | | -4 |
| | Only section 501(c)(3) and 501(c)(4) organizations 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 | | | 1 |
| • | contingent on the revenues of: | | ŀ |] ' |
| а | _ * | 5a | | |
| | Any related organization? | 5b | | \vdash |
| | 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 | - | | : |
| 0 | contingent on the net earnings of | | | ٠., |
| - | The organization? | 6a | | ~ a |
| | Any related organization? | 6b | | \vdash |
| D | If "Yes" to line 6a or 6b, describe in Part III. | ; | - | ; |
| - | · | | ~ | 1 - |
| ′ | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | 7 | | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | +- | | + |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | 1 |
| _ | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in 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 | 000 | 1 |
| LH/ | A For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule | J (Forr | n 990) | 2011 |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

SHAREPOINT CREDIT UNION

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, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of | (B) Breakdown of W-2 and/or 1099-MISC compensation | SC compensation | (C) | (D) | (E) | (F) |
|------------------|------|--------------------------|--|---|--|------------------------|------------|---|
| (A) Name | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | Hetirement and other deferred compensation | Nontaxable benefits | (B)(i)-(D) | reported as deferred in prior Form 990 |
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| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | Θ | | | | | | | |
| 16 | (ii) | | | | | | | |
| | | | | , | | | Schedu | Schedule J (Form 990) 2011 |

Schedule J (Form 990) 2011 COMMITTEE OF THE BOARD. THEY USE COMPARABLE INDUSTRY DATA PRODUCED BY CUNA TO DETERMINE THE PAY RANGE. PERFORMANCE IS DOCUMENTED ON AN ANNUAL REVIEW 3: THE CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE FORM COMPLETED BY ALL BOARD DIRECTORS. LINE PART I,

SCHEDULE 0

(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

SHAREPOINT CREDIT UNION

Employer identification number 41-6024250

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WITH THEIR FINANCIAL NEEDS.

FORM 990, PART VI, SECTION A, LINE 6: THE CREDIT UNION IS COMPRISED OF A SINGLE CLASS OF APPROXIMATELY 18,000 MEMBER-OWNERS, EACH OF WHICH HAS EQUAL RIGHTS IN OWNERSHIP, GOVERNANCE AND VOTING RIGHTS AT THE ANNUAL MEETINGS, WITH THE EXCEPTION OF THE MEMBER-OWNERS WHO ARE ELECTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBER-OWNERS OF THE CREDIT
UNION HAVE THE AUTHORITY TO ELECT THE MEMBERS OF THE BOARD OF DIRECTORS FOR
THREE-YEAR TERMS ON A ROTATING BASIS. CANDIDATES ARE ELECTED BY A SIMPLE
PLURALITY VOTE. THE BOARD OF DIRECTORS APPOINT VOLUNTEERS TO SERVE ON THE
SUPERVISORY COMMITTEE, WHICH IS VESTED WITH MONITORING SAFETY AND SOUNDSHIP
OF THE ORGANIZATION. IF DEEMED APPROPRIATE, THE SUPERVISORY COMMITTEE CAN
SUSPEND BOARD MEMBERS AND CAN CALL A SPECIAL MEETING OF THE MEMBERSHIP TO
EVALUATE THE ISSUE AND VOTE TO EITHER DISMISS OR REINSTATE THE BOARD
MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B: CHANGES TO THE GOVERNING DOCUMENTS

(BYLAWS) MUST BE APPROVED BY THE MEMBER-OWNERS AFTER THEY HAVE BEEN

APPROVED BY THE BOARD OF DIRECTORS AND THE REGULATORY AGENCY. APPROVAL

OCCURS WHEN AT LEAST 50% OF THE MEMBER-OWNERS VOTE TO APPROVE.

FORM 990, PART VI, SECTION B, LINE 11: THE ACCOUNTING STAFF PREPARES THE

NECESSARY DOCUMENTS FOR THE COMPLETION OF THE 990. PRIOR TO BEING FILED

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132211
132212