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99**0**

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.

Ones to Rubic

Open to Public Inspection

A	For the	2011 cal	endar year, or tax year beginning , and endin	g_							
В	Check if a	applicable	C Name of organization AFFINITY CREDIT UNION	D Employer	identificat	ion number					
	Address	change	Doing Business As	42-0794732							
	Name ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone							
	nitial retu	ırn	475 NW HOFFMAN LANE	(515) 288-7	225						
\Box	Terminati	ed	City or town, state or country, and ZiP + 4	(0.10) 200 /							
Ħ,	Amended	f return	DES MOINES IA 50313	G Gross rece	ipts \$	4,235,412					
=		on pending									
Application pending F Name and address of principal officer SANDRA B. ROBINSON 475 NW HOFFMAN LANE, DES MOINES, IA H(b) Are all affiliates included?											
	Table configuration () () () () () () () () () (
JV	Website: ► WWW.AFFINITYCUIA ORG H(c) Group exemption number ►										
KF	orm of o	rganization	X Corporation	ormation 1949	M State	e of legal domicile IA					
E	art I	Su	mmary								
	1			for the primary	purpose	e of					
	'		ng thrift, providing credit at reasonable rates, and providing other financial	.co.uc.p.r.co.y.	erierra	271					
e	1		s to its members.								
Jan	ĺ	144444									
Activities & Governance	2	Chack t	his box If the organization discontinued its operations or disposed of more than 25	% of its not accore							
တိ	3		6 (1) (2) (3) (4)	ı	3	9					
ජේ ගු	4		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b).	, , , , , , , , , , , , , , , , , , ,	4	9					
/tte	5		imber of individuals employed in calendar year 2011 (Part V, line 2a)		5	36					
(ct	6		imber of volunteers (estimate if necessary)		6						
•	7a				7a	0					
	, b	Net unr	elated business revenue from Part VIII, column (C), line 12-10-10-10-10-10-10-10-10-10-10-10-10-10-		7b	0					
	+	14Ct dilli	States sessiness taxable intention form 500 1, time 54	Prior Year	75	Current Year					
	8	Contribi	utions and grants (Part VIII, line 1h) 👸 . 0CT 1 🧯 2012 .	11101 1001	0	0					
Jue	9	Program	n service revenue (Part VIII, line 2g)	2,582		2,314,240					
Revenue	10	Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d GDEN, U.T		,623	197,477					
ž	11	Other re	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,745		1,723,695					
	12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,625		4,235,412					
	13		and similar amounts paid (Part IX, column (A), lines 1–3)	1,020	0	1,200,412					
	14		s paid to or for members (Part IX, column (A), line 4)	0	0						
_	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,308	913	1,299,016					
ses	16a		ional fundraising fees (Part IX, column (A), line 11e)	1,000	0	0					
Expenses	b		ndraising expenses (Part IX, column (D), line 25) ► 0								
ă	17		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,062		2,825,509					
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,371		4,124,525					
	19	Revenu	,004	110,887							
5				ginning of Current		End of Year					
Net Assets or Fund Balances	20	Total as	sets (Part X, line 16)	67,995	,612	65,001,730					
Ase	21		bilities (Part X, line 26)	61,730		58,685,248					
S E	22	Net ass	ets or fund balances. Subtract line 21 from line 20	6,265		6,316,482					
	rt II	Sig	nature Block								
Und	er penalti	ies of perjur	y, Lacclare that I have examined this return, including accompanying schedules and statements, a			e					
and	belief, it i	s true, corre	ect, and complete Declaration of preparer other than officer) is based on all information of which p	reparer has any kno	owledge						
Sig	ın		Spring Douse								
He		'	Signature of Officer A R I I I I I I I I I I I I I I I I I I	ACC Date		. 121.					
110			Sandra B RobINEN, Chief EXECUTIVE	OHILLE		0/3/12					
			Type or print name and title			·					
_		Prin		Date,	heck] _{if} PTIN					
Pai		Cha	arles Telk Jr., CPA	<i>777.5711.</i>	elf-employe	J					
	parer	-									
Us	e Only	/ —		Firm's EIN ▶							
			n's address ► 10555 New York Ave #200, Des Moines, IA 50322	Phone no	<u>515 270</u>						
Ma	y the IF	RS discus	ss this return with the preparer shown above? (see instructions)			X Yes No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

	90 (2011)	AFFINITY CREDIT UNION	42-0794732	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u>. LL</u>
1		escribe the organization's mission:		
	COOPE	RATIVE FINANCIAL SERVICES		
2		organization undertake any significant program services during the year which were not listed o		
	•	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.		
3		organization cease conducting, or make significant changes in how it conducts, any program		 1
		?.	L Yes	X No
		describe these changes on Schedule O		
4		e the organization's program service accomplishments for each of its three largest program ser		
		es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to r		of
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service repo	orted.	
4a	(Code:) (Expenses \$ 4,124,525 including grants of \$ 0) (Rever	nue \$4 _. 235	<u>,412</u>)
	<u>Affinity</u>	Credit Union provides a variety of financial services to its members, most of whom are		
	residen	s of Des Moines and surrounding communities The Credit Union's primary deposit products		
	are sha	e accounts, and its primary lending products are automobile and real estate loans		
				
4b	(Code) (Expenses \$0 including grants of \$0) (Rever	nue \$	0.)
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Rever	nuo ¢	0.)
40	(Code.	/ (Lxperises φ σ including grants of φ σ) (Never	nue \$)
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
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		•••••••••••••••••••••••••••••••••••••••		
		•		
4d	Othern	ogram services (Describe in Schedule O.)		
74	(Expens		0)	
40		ogram service expenses • 4.124.525	<u> </u>	

			Yes	N _a
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	res	No X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		х
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		ļ
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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	-		
40	complete Schedule D, Part IV	9	ļ	X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			\$400° 3 340545
	VII, VIII, IX, or X as applicable.	1 7 7	200 / 3 200 / 3	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	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		
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.			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	11c		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII.	12a	×	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144	 	 ^-
	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, Parts I and IV	114		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	 	X
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
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? <i>If "Yes," complete Schedule F, Parts III and IV </i>	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
18	on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		X
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	If "Yes," complete Schedule G, Part III	19	L	x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	L	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			3
			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	1	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	1 1		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		Χ
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	270		
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
D	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		_X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		~
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27	(~ (a.)	X %7.736
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	\$ C.	24 24	1 3
_		200-	1	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			\ \
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00		
		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			.,
- 4	conservation contributions? If "Yes," complete Schedule M	30	-	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	l		.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	١		.,
	III, IV, and V, line 1	34	-	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2.	36	<u> </u>	
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	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	1		l
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1.788 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return. 2b 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b FF. Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7e 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 g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders. 11a а Gross income from other sources (Do not net amounts due or paid to other sources 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the 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? . . . Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 5 6 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? 8a 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a Did the organization have local chapters, branches, or affiliates? . . . 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 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. Section . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13..... 12a Х 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," Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official. . 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Sandra B Robinson 515-288-7225

475 NW Hoffman Lane, Des Moines, IA 50313

*				· · · · · · · · · · · · · · · · · · ·					
Form 990 (2011)	AFFINITY CREDIT UNION			_	_	42-07947	32 Page 1		
Part VII	Compensation of Officers, Dire	ctors, Trustee	s, Key En	nployees, H	ighest Compe	ensated			
	Employees, and Independent C						F		
	Check if Schedule O contains a re					<u> </u>			
Section A.	Officers, Directors, Trustees, Key I	Employees, and	Highest C	ompensated	l Employees				
1a Complete organization's	this table for all persons required to be tax year.	e listed. Report o	compensation	on for the cale	endar year endir	ng with or within	the		
	of the organization's current officers, iion. Enter -0- in columns (D), (E), and				r organizations),	regardless of a	mount		
 List the who received 	 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. 								
	of the organization's former officers, ke eportable compensation from the orga				d employees wh	o received more	than		
	of the organization's former directors more than \$10,000 of reportable com						of the		
	n the following order: individual trustee employees, and former such persons		nstitutional i	trustees, offic	ers; key employ	ees; highest			
Check th	is box if neither the organization nor a	ny related organ	ization com	pensated any	y current officer,	director, or trus	tee.		
	(A)	(B)	Po	(C) sition c more than one	(D)	(E)	(F)		
Name and Title Average hours per officer and a director/trustee) Week (describe hours for related related long in the long i							Estimated amount of other compensation from the organization		

(A) Name and Title	(B) Average hours per week (describe hours for related organizations (n Schedule O)	box,	unles er an	s pe	more rson irecto	that both or/trust Highest compensated	n an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JAMES MARTENS BOARD CHAIR	1.00	ļ		x				0	0	
(2) DANIEL JOHN	1.00			<u> </u>		<u> </u>	-			0
BOARD MEMBER	1 00	Х	L					o	0	0
(3) LEE ROY PROTER JR.										
BOARD MEMBER	1.00	X	ļ			<u> </u>	<u> </u>	0	0	0
(4) DOUG SASSMAN BOARD MEMBER	1.00	x) 0	0	0
(5) JERRY JOHNSON	1,00	<u> </u>						<u>_</u>	<u>_</u>	
BOARD MEMBER	1 00	Х				L		0	0	0
(6) RHONDA CASEY		i								
BOARD MEMBER	1 00	X	<u> </u>	<u> </u>		<u> </u>		0	0	0
(7) PAM LEWIS BOARD MEMBER	1.00	x				 		o	0	0
(8) HENRY QUJANO								_	_	_
BOARD MEMBER	1.00	_ <u>X</u> _	<u> </u>		-	<u> </u>	<u> </u>	0	0	0
(9) DAVID BUSH BOARD MEMBER	1 00	x						0	0	0
(10) SANDRA B. ROBINSON								<u>-</u>		<u>-</u>
CEO	40 00			Х				110,683	o	12,566
(11) JASON C CROOKS VICE PRESIDENT	40 00			X				70,343	0	6,294
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, To	rustees, Key E	mplo	yee	s, a	nd	Highe	est	Compensated	Employees (contin	ued)
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box,	unles er an	s pe	ition more rson	than both street Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	C) C	(F) Estimated amount of other ompensation from the rganization and related rganizations
(15)		<u> </u> 				ä					
(16)			-				_			+	
(17)		 									
(18)			-		_			<u> </u>			
(19)			-							-	
(20)											
(21)		-								+	
(22)					-						
(23)											
(24)		 									
(25)											
1b Sub-total	Section A	 <u>. ,</u>				 	► ► ceiv	181,026 0 181,026 yed more than \$		0 0	18,860 0 18,860
reportable compensation from the organization				1							Yes No
3 Did the organization list any former officer, did employee on line 1a? If "Yes," complete Sche							igh	est compensate	ed 	3	X
4 For any individual listed on line 1a, is the sum the organization and related organizations greundividual										4	X
5 Did any person listed on line 1a receive or according services rendered to the organization? If "	•			•				•		(.) 5	
Section B. Independent Contractors	res, complete	30116	auie	<i>3</i> 1	01 8	sucii į	Jers	5011	<u> </u>		X
Complete this table for your five highest components of the organization. Report of year.											tax
(A) Name and business add	lress							(B) Description of se	rvices		(C) ensation
											0
							_				0
							-				0
											0
2 Total number of independent contractors (incl		mited	to t	hos	e lis	sted a	bo	ve) who receive	d is		12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Part	VIII	Statement of Revenue							
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Total Teveribe	exempt	business	excluded from
5.4							function revenue	revenue	tax under sections 512, 513, or 514
इ	1a	Federated campaigns	while destruction in the	1a	0	West The Sun State	Tevenue Tevenue		012, 013, 01314
, Grants mounts	b	Membership dues	ī	1b	0				
	c	Fundraising events		1c	0				
Gifts, ilar Ar	d	Related organizations	ſ	1d	0				
ons, Gif Similar	۵	Government grants (contribution	,	1e	0				
Sir	f	All other contributions, gifts, gran		10					
tributio Other	•	similar amounts not included abo		1f	0				
trib OE	_	Noncash contributions included in li	l l	\$	0				
Contributions, and Other Sim	h	Total. Add lines 1a–1f		Ψ	•	ريونيور - مجريورونور - پوروزورونورونورونورونورونورونورونورونورون			
	'' -	Total. Add lines ra-11		<u> </u>	Business Code				到活門, 海岭省
Program Service Revenue	22	LOAN INTEREST			522100	2,314,240	2,314,240	Continue the matter	
eve	h		·		022100	2,014,240	2,014,240		
Ge F						0			
ΞŽ	٦					0			-
Š	ء ا					<u> </u>			
gra	f	All other program service revenu							
Pro	ا ا					2 314 240	在公司的		大大大学·李明·张·安文·李
	3	Investment income (including di			t and	2,011,210	2,7,2,4	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	34 S S S S S S S S S S S S S S S S S S S
	"				t, anu ►	197,477	197,477		İ
	4	Income from investment of tax-e			•	197,477		 	1
	5	Royalties	venibi pouc	pic	occeus				
	١	Noyalites	(i) Real		(ii) Personal	4-1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Set U. Dinitar	とは確認さるなか
	6a	Gross rents	·····						
	b	Less: rental expenses						THE STATE OF	
	C	Rental income or (loss)		0	_				以
	ď	Net rental income or (loss)	<u> </u>				المستعدد والمستعدد والمستعدد والمستعدد	152.053000.454.3534.4	
	7a	Gross amount from sales of	(ı) Securitie		(II) Other		"是是我们的	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$2000 Carter 1879
	'"	assets other than inventory .			0				
	Ь	Less: cost or other basis		<u>_</u> _					
	_	and sales expenses		0	l o				
	С	Gain or (loss)		ō					
	d	Net gain or (loss)				0	A SECTION AND ADDRESS	E	September 1995 State of the September 19
	"						The state of the s	\$6.20 BH 36.	252023
ne	8a	Gross income from fundraising			ļ				
/eu		events (not including \$	0						
Re		of contributions reported on line	1c).						
e.	1	See Part IV, line 18		а	l o			医验验 第5	
Other Revenue	ь	Less: direct expenses		b	0				
	c	Net income or (loss) from fundra		s.	.	C			
	9a	Gross income from gaming activ	rities.				STREET, STREET		· 自然是不完
				а	o	(人) 一次是是			
	b	Less: direct expenses		b	0				
	С	Net income or (loss) from gamin	g activities		<u> </u>	C			
	10a	Gross sales of inventory, less				空经学学等20			
		returns and allowances		а	0				The state of the s
	b	Less: cost of goods sold .		b	0	A STATE OF THE STA		\$75.25°24	The state of the s
	_ c_	Net income or (loss) from sales	of inventory	<u>, .</u>		c			
		Miscellaneous Revenue			Business Code	- () 5 - () () () () () () () () () (Section of the sectio	ALEAST TONE	
		Service Fees			522100	1,094,640	1,094,640		
	b	Credit/Debit Card Fees			522100	432,068	432,068	3	
	С								
	d	All other revenue				196,987	196,987	7	
	е	Total. Add lines 11a-11d							1. 图形图像的
	12	Total revenue. See instructions				4,235,412	4,235,412	2 (ol c

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and							
	organizations in the United States. See Part IV, line 21	0	<u> </u>					
2	Grants and other assistance to individuals in the							
	United States See Part IV, line 22	0			KAN BEE			
3	Grants and other assistance to governments,							
	organizations, and individuals outside the	_						
_	United States. See Part IV, lines 15 and 16	0						
4	Benefits paid to or for members	0		在第5年的主要 (1862年)	Sain-ball strains and the said			
5	Compensation of current officers, directors,	400 000	400 000					
	trustees, and key employees	199,886	199,886	,				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and							
	persons described in section 4958(c)(3)(B)							
7	Other salaries and wages	816,504	816,504					
8	Pension plan accruals and contributions (include	010,504	010,304	·-··				
U	section 401(k) and 403(b) employer contributions)	49,641	49,641					
9	Other employee benefits	152,704	152,704					
10	Payroll taxes	80,281	80,281					
11	Fees for services (non-employees).	00,201	00,201					
а	Management	l						
b	Legal	0						
С	Accounting	0		· -				
d	Lobbying	0						
е	Professional fundraising services See Part IV, line 17.	0	発売の表別の関係	19. 李哲学起于唐				
f	Investment management fees	0						
g	Other	0						
12	Advertising and promotion	306,118	306,118					
13	Office expenses	341,790	341,790					
14	Information technology	188,186	188,186					
15	Royalties	0						
16	Occupancy	210,643	210,643					
17	Travel	27,845	27,845					
18	Payments of travel or entertainment expenses							
40	for any federal, state, or local public officials	0 500	0.500	<u> </u>				
19	Conferences, conventions, and meetings	6,500	6,500					
20 21	Interest	397,630 0	397,630					
22	Depreciation, depletion, and amortization	195,555	195,555	0	0			
23	Insurance	55,723	55,723					
24	Other expenses Itemize expenses not covered	J-12-00,720	33,123	TO THE TOTAL	THE COLUMN TO ASS			
	above (List miscellaneous expenses in line 24e. If	The state of the s	English States	The state of the s				
	line 24e amount exceeds 10% of line 25, column							
	(A) amount, list line 24e expenses on Schedule O)							
а	Credit/Debit Card Expense	388,572	388,572		Car 2000 853 AK. 1 41/ 4000 1			
b	Provision for Loan Loss	286,177	286,177					
С	NCUSIF Expense	116,414						
d	Loan Expense	84,792	84,792					
е	All other expenses	219,564						
25	Total functional expenses. Add lines 1 through 24e.	4,124,525	4,124,525	0	0			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)	l		l	1			

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	695,631	1	572,720
	2	Savings and temporary cash investments	12,405,696	2_	16,143,249
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Receivables from current and former officers, directors, trustees, key			
	1	employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1207	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instructions)		6	
Š	7	Notes and loans receivable, net	40,836,097	7	34,785,462
⋖	8	Inventories for sale or use	703,789		
	9	Prepaid expenses and deferred charges	74,647	9	60,267
	10a	Land, buildings, and equipment cost or			
		other basis. Complete Part VI of Schedule D 10a 4,681,382	The state of the s	202	
	b	Less: accumulated depreciation	2,343,461		2,417,487
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	718,705		797,545
	13	Investments—program-related See Part IV, line 11	9,436,000		9,243,000
	14	Intangible assets	0		0
	15	Other assets. See Part IV, line 11	781,586		982,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,995,612		65,001,730
	17	Accounts payable and accrued expenses	633,435		1,048,193
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	France & Law Lord Spring Co. and gray	21	There is a court of the same o
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ij		employees, highest compensated employees, and disqualified		200	
<u>.</u>		persons Complete Part II of Schedule L	ļ ₀	22	
_	23	Secured mortgages and notes payable to unrelated third parties			0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete			
		B (V (O L LL B	61,096,980	25	57,637,055
	26	Total liabilities. Add lines 17 through 25	61,730,415		58,685,248
	20		01,750,410	建筑 社	30,003,248
S		Organizations that follow SFAS 117, check here			
ဦ		complete lines 27 through 29, and lines 33 and 34.			
alai	27	Unrestricted net assets		27	
<u> </u>	28	Temporarily restricted net assets		28	
or Fund Balances	29	Permanently restricted net assets	10 OT A 1 10 10 10 10 10 10 10 10 10 10 10 10 1	29	Agent St. Carrier - 120
Ē	}	Organizations that do not follow SFAS 117, check here ► X			
ō		and complete lines 30 through 34.		16.5	
Net Assets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund	2,331,237		2,331,237
et /	32	Retained earnings, endowment, accumulated income, or other funds .	3,933,960	32	3,985,245
Ž	33	Total net assets or fund balances	6,265,197	$\overline{}$	6,316,482
	34	Total liabilities and net assets/fund balances	67,995,612	34	65,001,730

Form 9	90 (2011) AFFINITY CREDIT UNION	4.	2-0794732	Pag	<u>je 12</u>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			412
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>4,124</u>	<u>,525</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		110	,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		6,265	<u>5,197</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-59	,602
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	. I			
	column (B))	6		6,31 6	3,482
<u>Part</u>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		F. 4	د فر کید	र दिख्या स
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.		2		100 mg
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	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Ιx	
	If the organization changed either its oversight process or selection process during the tax year, explain i			y*, (** **)	38.9
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			20 mg/	542
	issued on a separate basis, consolidated basis, or both		7-506	100	7.2
	X Separate basis Consolidated basis Both consolidated and separate basis				
2-	<u> </u>		10 miles	17 	
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?				
	•		<u> 3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		35		ļ
	-required about of abouts, explain why in achequie of and describe any stens taken to lindergo such alights		1 7 h	1	1

Form **990** (2011)

General Business Credit

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0895

Attachment Sequence No

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

AFFINITY CREDIT UNION 42-0794732 Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked . . . 1 1.000 Passive activity credits from line 2 of all Parts III with box B checked 2 3 Enter the applicable passive activity credits allowed for 2011 (see instructions) . . . 3 Carryforward of general business credit to 2011 Enter the amount from line 2 of Part III with box Carryback of general business credit from 2012. Enter the amount from line 2 of Part III with box Add lines 1, 3, 4, and 5 6 6 1,000 Part II Allowable Credit Regular tax before credits: Individuals. Enter the amount from Form 1040, line 44, or Form 1040NR, line 42. Corporations Enter the amount from Form 1120, Schedule J. Part I, line 2; or the Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G. lines 1a and 1b; or the amount from the applicable line of your return . . . Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35 . . . Corporations Enter the amount from Form 4626, line 14 8 • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 Add lines 7 and 8. . 9 0 4 b Personal credits from Form 1040 or 1040NR (see instructions) . . . 10b A 15 c Add lines 10a and 10b 10c 0 Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16a 0 11 12 Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 13 13 Tentative minimum tax: 14 Individuals. Enter the amount from Form 6251, line 33 . . . Corporations. Enter the amount from Form 4626, line 12 Estates and trusts Enter the amount from Schedule I Enter the greater of line 13 or line 14 . . . 16a Subtract line 15 from line 11. If zero or less, enter -0- . . . b For a corporation electing to accelerate the research credit, enter the bonus depreciation amount attributable to the research credit (see instructions) 16b c Add lines 16a and 16b 16c 17a Enter the smaller of line 6 or line 16c . 0 17a C corporations: See the line 17a instructions if there has been an ownership change, acquisition, or reorganization b Enter the smaller of line 6 or line 16a If you made an entry on line 16b, go to line 17c, otherwise, 17b O c Subtract line 17b from line 17a. This is the refundable amount for a corporation electing to accelerate the research credit. Include this amount on Form 1120, Schedule J. Part II, line 19c 17c

Par									
Note	Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.								
18	Multiply line 14 by 75% (75) (see instructions)	18	0						
19	Enter the greater of line 13 or line 18	19	0						
20	Subtract line 19 from line 11 If zero or less, enter -0	20	0						
21	Subtract line 17b from line 20. If zero or less, enter -0	21	0						
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22							
23	Passive activity credit from line 3 of all Parts III with box B checked . 23	TOTAL LOTE							
24	Enter the applicable passive activity credit allowed for 2011 (see instructions)	24							
25	Add lines 22 and 24	25	0						
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0						
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0						
28	Add lines 17b and 26	28	0						
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0						
30	Enter the general business credit from line 5 of all Parts III with box A checked	30							
31 32	Enter the total eligible small business credit from line 6 of all Parts III with box E checked Passive activity credits from line 5 of all Parts III with box B checked and line 6 of all Parts III with box F checked	31							
33	Enter the applicable passive activity credits allowed for 2011 (see instructions)	33							
34	Carryforward of business credit to 2011. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for schedule to attach	34							
35	Carryback of business credit from 2012. Enter the amount from line 5 of Part III with box D checked and line 6 of Part III with box H checked (see instructions)	35							
36	Add lines 30, 31, 33, 34, and 35	36	0						
37	Enter the smaller of line 29 or line 36	37	0						
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Form 1040, line 53, or Form 1040NR, line 50	38	0						

Form 3800 (2011)

	70 TOTAL STREET STREET			7/02	age J	
Part	III General Business Credits or Eligible Small Business Credits (see	ınstrı	uctions)			
Compl	ete a separate Part III for each box checked below. (see instructions)					
A X	, · · 	II Busi	ness Credit From a	Non-Passive Acti	vity	
в 🗀	General Business Credit From a Passive Activity F Eligible Small Business Credit From a Passive Activity					
c [General Business Credit Carryforwards G Eligible Sma	II Busi	ness Credit Carryfo	rwards		
D [General Business Credit Carrybacks H Eligible Sma	II Busi	ness Credit Carryba	acks		
i If	you are filing more than one Part III with box A, B, E, or F checked, complete and at		•			
	nounts from all Parts III with box A, B, E, or F checked. Check here if this is the cons			•		
					<u> </u>	
	(a) Description of credit		(b) If claiming the credit	(c)		
	On any line where the credit is from more than one source, a separate Part III is d for each pass-through entity.		from a pass-through entity, enter the EIN	Enter the approp	oriate	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter the Env		1	
b	Reserved for future use			With the said of the said of	1 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5 c 5	
C	Increasing research activities (Form 6765)	1c	. du	All mit min 1 francis - for	- 11 - 11 - 13 H	
d	Low-income housing (Form 8586, Part I only)	1d		·	├	
	Disabled access (Form 8826) (do not enter more than \$5,000 in column (c) of	<u> 1u</u>			┼	
е		1e			ł	
	Parts III with box A, B, E, or F checked, combined)	1f			 	
f ~					 	
g	Indian employment (Form 8845)	1g	·		 	
h	Orphan drug (Form 8820)	1h			+	
I :	New markets (Form 8874)	_1i_			-	
J	Small employer pension plan startup costs (Form 8881) (do not enter more	 				
	than \$500 in column (c) of Parts III with box A, B, E, or F checked, combined).	11	<u> </u>			
k	Employer-provided child care facilities and services (Form 8882)	1k		<u> </u>	-	
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			├ ─	
m	Low sulfur diesel fuel production (Form 8896)	1m			 	
n	Distilled spirits (Form 8906)	<u>1n</u>			┼	
0	Nonconventional source fuel (Form 8907)	10			├ ──	
р	Energy efficient home (Form 8908)	1p			↓	
q	Energy efficient appliance (Form 8909)	_1q_		<u> </u>		
r	Alternative motor vehicle (Form 8910)	1r		<u> </u>	ـــــ	
s	Alternative fuel vehicle refueling property (Form 8911)	1s		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
t	Reserved for future use		经过来关于	全种的产品	1	
u	Mine rescue team training (Form 8923)	<u>1u</u>			<u> </u>	
٧	Agricultural chemicals security (Form 8931) (do not enter more than \$2 million in					
	column (c) of Parts III with box A, B, E, or F checked, combined)	<u>1v</u>			ļ	
w	Employer differential wage payments (Form 8932)	1w			 	
X	Carbon dioxide sequestration (Form 8933)	1x			<u> </u>	
У	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>			<u> </u>	
z	Qualified plug-in electric vehicle (Form 8834, Part I only)	1z				
	New hire retention (Form 5884-B)	1aa		1,000	<u> </u>	
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			<u> </u>	
ZZ	Other	1zz	Section Contract was	<u></u> _	 	
2	Add lines 1a through 1zz and enter here	_2_	EXECUTE STATES	1,000	<u> </u>	
3	Enter the amount from Form 8844	3			↓	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			ļ	
ь	Work opportunity (Form 5884)	4b			<u> </u>	
C	Alcohol and cellulosic biofuel fuels (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d			L	
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips		1		1	
	(Form 8846)	4f	<u> </u>			
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Reserved for future use	4i	SECTION OF THE PARTY OF THE PAR	Ser for a transfer of the	. <u>\$555.4</u>	
j	Reserved for future use	4j	ははないない。	SAME THAT	翻集	
z	Other	4z				
5	Add lines 4a through 4z and enter here	5	的學學的學術學	()	
6	Add lines 2, 3, and 5	6	网络黑空星空港	1,000	7	

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 Attachment

► See separate instructions.

► Attach to your tax return.

Sequence No 179

Name(s) shown on return		ss or activity to which this fo	relates		Identifying numb	er	
AFFINITY CREDIT UNION	1990	 			42-0794732		
		erty Under Section 17					
		e Part V before you comple					
1 Maximum amount (see instruct						1	
2 Total cost of section 179 prope						2	
3 Threshold cost of section 179						3	
4 Reduction in limitation. Subtrac						4	0
5 Dollar limitation for tax year. St			er -0 It marrie	ed filing		_	
separately, see instructions .		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · ·	5	1 70000 0
6 (a) Description	n of property	(b) Cos	t (business use	e only)	(c) Elected co	ost	3 2 4 2 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
							
							TANK AND A
7 Listed property. Enter the amount					L	-	
8 Total elected cost of section 17						8	0
9 Tentative deduction Enter the						9	0
10 Carryover of disallowed deduct						10	
11 Business income limitation. En	iter the smaller of bu	isiness income (not less	than zero) or	line 5 (see in	structions)	11	
12 Section 179 expense deduction						12	0
13 Carryover of disallowed deduct				▶ 13	L	0	まれず終売れる
Note: Do not use Part II or Part III				alizata ilanda at a			
Part Special Depreciati					roperty.) (See	Instru	ictions.)
14 Special depreciation allowance		ty (otner than listed prop	репу) ріасеа і	n service		1	
during the tax year (see instruc						14	
15 Property subject to section 168				•		15	
16 Other depreciation (including A	ion (Do not include	de listed property) (Se		- ` · · · 	<u> </u>	16	<u> </u>
Part III MACRS Depreciat	ion (Do not includ		e instruction	s)			
47 MACDO dodustisms for secret	- , , - , - , - , - , - , - , - , -	Section A					
		tov voore beginning bef	2011			1 47 1	400
17 MACRS deductions for assets						17	436
18 If you are electing to group any	assets placed in se	ervice during the tax yea	r into one or r	nore	. —	17	436
18 If you are electing to group any general asset accounts, check	assets placed in se	ervice during the tax yea	r into one or r	nore 	>		436
18 If you are electing to group any general asset accounts, check	assets placed in se here ets Placed in Servi	ervice during the tax yea	r into one or r	nore 	>		436
18 If you are electing to group any general asset accounts, check Section B - Asset	y assets placed in set here ets Placed in Servi	ce During 2011 Tax Ye (c) Basis for depreciation	r into one or r ar Using the	nore General Dep	· · · ▶☐ reciation Syste	m	
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(Rev January 2012)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No 1545-1709

internal Reven	de Service					
 If you ar 	e filing for an Automatic 3-Month Extens e filing for an Additional (Not Automatic) nplete Part II unless you have already be	3-Month	Extension, complete only Part II (on page 2 of t	his form).	► X 8868.
Electronic a corporation 8868 to req Return for T	filing (e-file). You can electronically file Forn required to file Form 990-T), or an addituest an extension of time to file any of the ransfers Associated With Certain Personal. For more details on the electronic filing	Form 8868 tional (not forms liste al Benefit (if you need a 3-month automatic ex automatic) 3-month extension of timed in Part I or Part II with the except Contracts, which must be sent to the	tension of time ne. You can ele ion of Form 88 e IRS in paper	e to file (6 m ectronically 370, Informa format (see	nonths for file Form ation
Part I	Automatic 3-Month Extension of	Time. On	ly submit original (no copies nee	ded).		
Part I only . All other con	on required to file Form 990-T and request	ing an aut	omatic 6-month extension—check t	his box and co	an extensio	
Type or	Name of exempt organization or other filer, se	e instructio			entification num	
print	AFFINITY CREDIT UNION			X 42-0794	4732	
File by the	Number, street, and room or suite no. If a P C), box, see i	nstructions	Social sec	unty number	(SSN)
due date for filing your	475 NW HOFFMAN LANE					
return. See instructions	City, town or post office, state, and ZIP code DES MOINES	For a foreig	n address, see instructions.	10	E0242	
				!A	50313	
Enter the Re	eturn code for the return that this applicate	on is for (fi	le a separate application for each re	eturn)		07
Application	1	Return	Application			Return
Is For		Code	ls For			Code
Form 990	<u> </u>	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A	_		08
Form 990-E		01	Form 4720			09
Form 990-P		04	Form 5227			10
	(sec. 401(a) or 408(a) trust) (trust other than above)	05 06	Form 6069 Form 8870			11 12
Telephon If the orga If this is for the whole	s are in the care of ► Sandra B Robins e No. ► 515-288-7225 anization does not have an office or place or a Group Return, enter the organization's group, check this box	of busines s four digit If it is for p sion is for.	Group Exemption Number (GEN) _ art of the group, check this box		If th	
until is for t	he organization's return for: calendar year <u>2011</u> or	exempt org	ganization return for the organizatio		e. The exte	nsion
	tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period					
	application is for Form 990-BL, 990-PF, 99	0-T. 4720	or 6069, enter the tentative tax, le	ss anv		
	undable credits. See instructions.	.5 1, 7120	, c. 3000, onto the tentative tax, ie	, i	a \$	
	application is for Form 990-PF, 990-T, 472	0, or 6069	, enter any refundable credits and		- T	
estima	ted tax payments made. Include any prior	year over	payment allowed as a credit.		b \$	
	ce due. Subtract line 3b from line 3a. Inclu		•			
	(Electronic Federal Tax Payment System				c \$	0
-aution, it vou	are going to make an electronic fund withdraw	ai with this	Form 8868, see Form 8453-EO and Fo	rm 8879-EO for	payment inst	ructions

Form 8868

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If yo	u are filing for an Automatic 3-Month Extens u are filing for an Additional (Not Automatic complete Part II unless you have already be	3-Month	Extension, complete only Part II (on pa	ige 2 of this	form).	
a corpo 8868 to Return	nic filing (e-file). You can electronically file Fration required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Person ons). For more details on the electronic filing	tional (not a forms liste al Benefit (automatic) 3-month extension of tim ed in Part I or Part II with the excepti Contracts, which must be sent to the	e. Yo on of IRS	ou can electr Form 8870 in paper for	onically , Informa mat (see	file Form ation e
Part I	Automatic 3-Month Extension of	Time. On	ly submit original (no copies nee	ded).	· ··-··		
Part I or	ration required to file Form 990-T and request only	ting an aut	omatic 6-month extension—check th	nis bo	ox and comp		▶ X on of
time to	īle income tax returns.						
T	Nome of everyther explanation as other files	!44!			s identifying ni Employer identi		
Type or		e instruction	ns	[X]			Tiber (EIN) OF
print File by the	AFFINITY CREDIT UNION Number, street, and room or suite no If a P C) hov see i	netructions		42-079473 Social securit		(1828)
due date f) DOX, 300 II	nstructions.		Docial Scoulit	y mumber	(0011)
filing your	City town or post office state and ZID code	For a foreig	n address, see instructions.				
return. See instruction	·				IA 50	313	
Enter th	e Return code for the return that this applicati	on is for (fi	le a senarate application for each re	turn)			01
		· · · · · · · · · · · · · · · · · · ·		Luiii,		· · ·	
Applicates Is For	ition	Return	Application				Return
		Code	Is For				Code
Form 9		01	Form 990-T (corporation)				07
Form 99 Form 99		02	Form 1041-A			_	08
Form 9		04	Form 4720 Form 5227				09 10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
	90-T (trust other than above)	06	Form 8870				12
Telep If the If this for the w list with t un is I	for the organization's return for: X calendar year 2011 or	of busines s four digit If it is for p sion is for. corporation exempt organization of the corporation of th	Group Exemption Number (GEN) _ part of the group, check this box. In required to file Form 990-T) exten ganization return for the organization , and ending check reason: Initial return	sion n nar	of time ned above.	. If the	. ▶ ☐ his is d attach a ension
	nis application is for Form 990-BL, 990-PF, 99 nrefundable credits. See instructions.	au-1,4/20	, or buby, enter the tentative tax, le	ss an	y 3a	\$	
	his application is for Form 990-PF, 990-T, 472	20. or 6069	, enter any refundable credits and		Ja	*	
	timated tax payments made. Include any prior		•		3b	\$	
	lance due. Subtract line 3b from line 3a. Incli			y usi			
	TPS (Electronic Federal Tax Payment Systen				3c	\$	0
Caution.	f you are going to make an electronic fund withdray	val with this	Form 8868, see Form 8453-EO and For	m 88	79-EO for par	ment ins	structions.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

Name of the organization

Employer identification number

AFFI!	NITY CREDIT UNION			42-0794732
Part		or Advised Funds or Othe	r Similar F	
	the organization answered "Yes" to			<u> </u>
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and d	_		
_	funds are the organization's property, subject			
6	Did the organization inform all grantees, dor			
	used only for charitable purposes and not for			
	purpose conferring impermissible private be			
Pari				
1	Purpose(s) of conservation easements held	· · · —		
	Preservation of land for public use (e.g., recr	reation or education)	Preservation	n of an historically important land area
	Protection of natural habitat		Preservation	n of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	ation held a qualified conserva	ition contribu	ution in the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Ye
а	Total number of conservation easements .			. 2a
b	Total acreage restricted by conservation ea			
C	Number of conservation easements on a ce			
d	Number of conservation easements include			
3	historic structure listed in the National Regis Number of conservation easements modifie			
3	during the tax year	d, transferred, released, exting	guisneu, or i	terminated by the organization
4	Number of states where property subject to	conservation easement is loca	ated ▶	
5	Does the organization have a written policy		•	tion, handling of
-	violations, and enforcement of the conserva			
6	Staff and volunteer hours devoted to monitor			
	>		_	- •
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing cor	nservation ea	asements during the year
	▶ \$			
8	Does each conservation easement reported			
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?			
9	In Part XIV, describe how the organization r	-		
	balance sheet, and include, if applicable, the organization's accounting for conservati		ganization's	financial statements that describes
Pari			res or Oth	or Similar Assets
LEIR	Complete if the organization answere			er Jillia Assets.
				the management and bullet a sub-
та	If the organization elected, as permitted und works of art, historical treasures, or other size			
	of public service, provide, in Part XIV, the te			
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other sit	· · · · · · · · · · · · · · · · · · ·	•	
	of public service, provide the following amou			
				• \$
	(i) Revenues included in Form 990, Part VII(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of	art, historical treasures, or ot	her sımilar a	assets for financial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, II			▶ \$
b	Assets included in Form 990, Part X			▶ \$

Part VI Land, Buildings, and Equipm	nent. See Form 990, Par	t X, line 10		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	283,648	というない かいない かいかい かんしょう かいしょう かいしょう かいいん ちゅうかい かいかい かいかい かいかい かいしょう しゅうしゅう しゅう	283,648
b Buildings	0	3,048,157	1,333,466	1,714,691
c Leasehold improvements	0	6,180	6,180	0
d Equipment	0	1,059,064	905,763	419,148
e Other	. 0	18,486	18,486	0
Total. Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Part X	. column (B), line 10	(c).) ▶	2.417.487

Schedule D (Form	n 990) 2011		Page 3
Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	derivatives	0	
	eld equity interests	0	
		0	
• • • • • • • •		0	
		0	
		0	
(C)		0	
(F)		0	
		0	
(H)		0	
(I)		0	
	must equal Form 990, Part X, col (B) line 12)		ないなるのでは、大学のは、大学のなどは、大学のなどは、大学のないない。
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CERTIFI	CATE	9,243,000	F
(2)		0	
(3)		0	
(4)		0	
(5)		0	
(6)		0	
(8)		0	
(9)		0	
(10)		0	
	nust equal Form 990, Part X, col (B) line 13)	9,243,000	The state of the s
Part IX	Other Assets. See Form 990,	Part X, line 15	
	(i	a) Description	(b) Book value
(1)			0
(2)			0
(3)			0
(4)			0
(5)	· · · · · · · · · · · · · · · · · · ·		0
(6)			0
(7)			0
(8)			0
(10)			0
	nn (b) must equal Form 990, Part X, o	col (B) line 15).	0
Part X	Other Liabilities. See Form 99		
	(a) Description of liability	(b) Book value	
(1) Federal i	ncome taxes	0	
	R DEPOSITS	57,637,055	
(3)		0	
(4)		0	
(5)		0	
(6)		0	
(7)		0	
(8)		0	
<u>(9)</u>		0	
(10)		0	
(11) Otal (Column (b) n	nust equal Form 990, Part X, col (B) line 25)	57,637,055	
(37,037,033	Tweet with the me to the the time the training of the and the training the training of the tra

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

AFFINITY CREDIT UNION

42-0794732

Schedule D (Form		Page 5
Part XIV	Supplemental Information (continued)	
reserve for 10	0% of the position taken	
222222		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

AFFINITY CREDIT UNION 42-0794732 Form 990 Part VI Section A Line 2 CEO Sandra Robinson and Vice President Jason Crooks are aunt & nephew respectively Form 990 Part VI Section A Line 6 The organization is a credit union or financial cooperative Form 990 Part VI Section A Line 7a/7b Members Vote in directors to the board of directors as openings become available. Members have final approval for determining whether the organization mergers, accuires, or is acquired by another organization. Members also vote to approve/disapprove whether the organization decides to recind its not-for-profit status to become a for profit entity. Form 990 Part VI Section B Line 11a Form 990 is reviewed and signed off by CEO after the organization's external accountants have prepared the document. Form 990 Part VI Section B Line 15a/15b Koker Goodwin & Associates (Performease and Compease software is used to establish and maintain job pay scales and ensure equitable reviews for employees in the same job class and includes written job descriptions with written explanations that are used by the immediate supervisor to create the performance review that is reviewed by two levels of upper mangement Form 990 Part VI Section C Line 19 Financial documents are made available via Call Report data that is available via the National Credit Union Association (NCUA). Financial information is avialable at the Annual Members' Meeting and in the lobby of the main office of the organization. Other documents are not made available to the public. Form 990 Part XI Line 5 Decrease in net assets is due to unrealized loss on Available for Sale Securities and other comprensive income.

Schedule O'(Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
AFFINITY CREDIT UNION	42-0794732
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