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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public

A F	or the	2011 calendar year, or tax year beginning	and	ending							
Вс	heck if pplicable	C Name of organization	-		D Employer identif	ication number					
	Addres change Name	COMMONITIAMERICA CREDI.	UNION		44	015072					
<u></u>	chame change inrtial					015072					
	return Termin _ated	Number and street (or P.0. box if mail is not delined by P.777 RIDGE DRIVE	vered to street address)	Room/suite	E Telephone number (913) 905-7000						
	Amend	City or town, state or country, and ZIP + 4	City or town, state or country, and ZIP + 4								
	Application pendin	HIMBERT, RB 00213			H(a) Is this a group r						
	penum	F Name and address of principal officer.DENT SAME AS C ABOVE	NIS PIERCE		for affiliates? H(b) Are all affiliates in	Yes X No					
	72.0VC	mpt status: 501(c)(3) X 501(c) (14)	(insert no.) 4947(a)(1)	or 527	1 ' '	a list. (see instructions)					
<u></u>	Voheit	e: WWW.CACU.COM	4 (moore no.) 4011 (a)(1)	<u> </u>		on number > 1984					
			ociation Other	L Year		M State of legal domicile; MO					
	ırt I	Summary		1 - 1		<u></u>					
_		Briefly describe the organization's mission or most	significant activities: SEE	SCHEDU	LE O	,					
Activities & Governance											
ırne	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispo	sed of more	than 25% of its net a	ssets.					
iove		Number of voting members of the governing body (3	7					
& G		Number of independent voting members of the gov				7					
ies		Fotal number of individuals employed in calendar y	17			684					
ivit		Fotal number of volunteers (estimate if necessary)	A V		<u>6</u>	10					
Ac		Total unrelated business revenue from Part VIII reol			<u>7a</u>	 					
	ы	Net unrelated business taxable income from Form		·····		 					
	١.,	NOV & I	20.3	-	Prior Year 0.	Current Year					
eni		Contributions and grants (Part VIII, line 1h)	······	16,160,591							
Revenue	9 1	Program service revenue (Part VIII, line 2g)	····· ├ - *	5,206,374.							
Re		nvestment income (Part VIII, column (A), lines 3,4; Other revenue (Part VIII, column (A), lines 5, 6d, 8c,		· · · · ·	17,574.						
		Fotal revenue (Fart VIII, column (A), lines 5, 60, 60, Fotal revenue - add lines 8 through 11 (must equal lines 8)			21,384,539						
_		Grants and similar amounts paid (Part IX, column (A			118,517.						
		Benefits paid to or for members (Part IX, column (A			0.	1					
so.	1	Salaries, other compensation, employee benefits (F			31,573,244.	32,599,729.					
Se		Professional fundraising fees (Part IX, column (A), III			0.	0.					
Expenses		Fotal fundraising expenses (Part IX, column (D), line	_	0.	roggi galago jadiké						
ш	i .	Other expenses (Part IX, column (A), lines 11a-11d,			84,082,706.						
	18	Total expenses. Add lines 13-17 (must equal Part I)	(, column (A), line 25)		15,774,467.						
	19	Revenue less expenses. Subtract line 18 from line	12		5,610,072.	10,239,492.					
Ces				Ве	ginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)			1,715,617,121	1,839,630,062.					
Net Assets (Fund Balanc	•	Total liabilities (Part X, line 26)			1,513,637,943	1,624,700,552.					
컐		Net assets or fund balances. Subtract line 21 from	line 20	2	<u>201,979,178.</u>	214,929,510.					
		Signature Block	 								
		ties of perjury, I declare that I have examined this return,				ny knowledge and belief, it is					
true,	соггес	t, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.						
	1	Signature of officer			Date						
Sig		•	IDENT, CONTROLL	פש	Date						
Her	e	DALE GIRARD, VICE PRES	IDENI, CONIRODD	EK							
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN					
Paid	•	JAMES ANDERSON	Tropador o digitataro		if seti-emplo	P00366436					
_	parer	34-1874260									
	Only	Firm's name CBIZ MHM, LLC Firm's address 11440 TOMAHAWK CI	REEK PARKWAY		Firm's EIN	<u> </u>					
		LEAWOOD, KS 6621			Phone no.	913-234-1000					
May	/ the IF	RS discuss this return with the preparer shown abo				X Yes No					
	01 01-2			ions.		Form 990 (2011)					

Form	1990 (2011) COMMONITIANTERICA CREDIT UNION 44-0015072 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission:
-	COMMUNITYAMERICA CREDIT UNION'S PRIMARY PURPOSE IS TO PROMOTE THE
	FINANCIAL WELL BEING OF OUR CREDIT UNION MEMBERS THROUGH FINANCIAL
	SERVICES AND PRODUCTS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	
	COMMUNITYAMERICA CREDIT UNION PROVIDES FINANCIAL PRODUCTS AND
	SERVICES TO 167,942 MEMBERS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	THE FINANCIAL PRODUCTS AND SERVICES PROVIDED TO OUR MEMBERS
	INCLUDED 98,092 LOANS AND 309,471 DEPOSIT ACCOUNTS AT COMPETITIVE
	RATES AND YIELDS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) (Revenue \$)
4c	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			7
_	If "Yes," complete Schedule A	1 2		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1		
3	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_		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	sımilar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3.5
	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,			Х
_	the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes, " complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			3
	as applicable.	ನಾವಾಗ ಪ್ರಭಾವಣೆ		
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	
Ь	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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		Х
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	11f		X
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
ь	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	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	40		x
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Ь—	Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	00:1:
		⊢orm	33U ((2011)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	İ.,		
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 duning the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			···
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		* 3	
	instructions for applicable filing thresholds, conditions, and exceptions):	100		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
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	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 conservation			v
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schodulo N. Port II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity?	-		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	_
	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	Х	
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		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990 (2011)

Form	990 (2011) COMMUNITYAMERICA CREDIT UNION		44-6015	072	Pi	age 5
Pai					•	
<u></u>	Check if Schedule O contains a response to any question in this Part V					
				<u> </u>	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	68630	£43		133°132
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	***	HE E	
b	Did the organization comply with backup withholding rules for reportable payments to vendors and r		ale gaming		## Tal	
С		eportat	ne garing	10	-37.	
_	(gambling) winnings to prize winners?	i		1c	تتثر	آمال در وال
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		684	% <u>#</u>		
	filed for the calendar year ending with or within the year covered by this return	2a		عكستند	X	ستقستان
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)			X	
	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	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			3.33		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	ts.	85		
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	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		Ĺ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	any contributions that were not tax deductible?			6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6ь		İ
7	Organizations that may receive deductible contributions under section 170(c).			2. 1.2		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the payor?	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 w	as requ	ured			
·	to file Form 8282?	·		7c		ĺ
А	If "Yes," indicate the number of Forms 8282 filed during the year	7d		ija.	-y	553
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract	1?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		\Box
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				2255	٠ • • • • • • • • • • • • • • • • • • •
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	•		1.35.00	r jijo	: 15.7-2
	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			2.50	377	3450
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		17		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		13.7		3/2
11	Section 501(c)(12) organizations. Enter:			400		
а	Gross income from members or shareholders	11a		222		
	Gross income from other sources (Do not net amounts due or paid to other sources against			¥.55		
_	amounts due or received from them.)	11Ь				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	د, سد د,	1,11420-1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126		7 5%	::::::::::::::::::::::::::::::::::::::	PS T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		T
a	Note. See the instructions for additional information the organization must report on Schedule O.	•••••		3		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13ь				
c	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b	i	
					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.

	Observice State Operations a management and appropriate in this Day 100			X
~	Check if Schedule O contains a response to any question in this Part VI	· · · ·		
<u>Sec</u>	tion A. Governing Body and Management			.—.
	1 1	- ·	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing	32.5		100
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25,2		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		83 F.	3.49
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳		├──
70		7.	X	
	more members of the governing body?	7a	- 21	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l _ l	Х	
_	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:	نعشا		تشنف
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	i i		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	_ X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		्रेक्षान	Fr (. 1.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	 -
15	Did the process for determining compensation of the following persons include a review and approval by independent	7.39	~~.	37
,,,	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The state of OSO Francisco Provides and the state of the	45-	X	شندندت
a		15a		х
D	Other officers or key employees of the organization	15b	N 25 C	A
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	HE		
Ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		i russiu.	
	taxable entity during the year?	16a		X
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	11.74.7 32.74.7		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			20,000
	exempt status with respect to such arrangements?	16b		L
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	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, at	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	-	
	RICHARD BAUMGARTNER - 913-905-8144			
	9777 RIDGE DRIVE, LENEXA, KS 66219			
13200				

01-23-12

Form 990 (2011)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	(B)			((;)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Posi	tion more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson i	s bot	han tee)	compensation	compensation	amount of
	week				COLC	1,003	,	from	from related	other
	(describe hours for	lrecta				L	l	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	90.0	蠹			sate		(W-2/1099-MISC)	(***2/1099***1100)	organization
	organizations	truste	<u> </u>		уве	ia di Li		(,		and related
	ın Schedule	ndividual trustee or director	Institutional trustee	ا دة	Key employee	est cr loyee	喜			organizations
	O)_	Ng.	last Last	Officer	Key	Highest compensated employee	Former			
(1) BRAD DOUGLAS	-									
CHAIRMAN	2.00	X					L.,	0.	0.	0.
(2) BRAD MILLER										
VICE CHAIRMAN	1.00	X						0.	0.	0.
(3) COLLEEN BROWNE										
SECRETARY/TREASURER	1.00	Х	L					0.	0.	0.
(4) BRUCE BROWER										
DIRECTOR	1.00	X						0.	0.	0.
(5) MICK FENLEY										
DIRECTOR	1.00	X						0.	0.	0.
(6) TERRI MARTIN										
DIRECTOR	1.00	X			L.			0.	0.	0.
(7) ALLISON WAGGONER										
DIRECTOR	1.00	X		L			L	0.	0.	0.
(8) DENNIS PIERCE				Ì			1		_	
CEO	40.00			X		L		560,273.	0.	103,072
(9) RICHARD BAUMGARTNER		ļ	ŀ			ļ			_	
CFO	40.00	L		X	<u> </u>		_	287,850.	0.	223,622
(10) LISA GINTER									_ '	
000	40.00			X	L.	_		314,030.	0.	67,997
(11) GUY RUSSO		1								
CIO	40.00			X	L	_	_	259,282.	0.	75,672
(12) SEAN YOKLEY			1			İ				
COO - CUSO ONE	40.00	L		Х			匚	236,192.	0.	55,476
(13) KEITH VARNEY							l			
COO - TRUHOME SOLUTIONS LLC	40.00	<u> </u>		X		L	L	0.	190,232.	23,999
(14) RODNEY GRUENBERG		Ì	1	ļ		1			}	ļ
SVP - OPERATIONS	40.00				X	L	匚	162,855.	0.	15,312
(15) SEREPTHA HELM						1				
SVP - CORP AFFAIRS & GENERAL COUNSEL	40.00	L			X		L	155,761.	0.	12,288
(16) JEAN HUGHES										
SVP	40.00	L			X	L	L	159,155.	0.	21,978
(17) TIMOTHY SARACINI										
SVP - FINANCE SERVICES	40.00				X		l	154,028.	0.	21,716

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Form 990 (2011)

Part VII Section A. Officers, Directors, T	rustees, Key E	mple T	oyee	s, a	ina I	nıgh	est			
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Кау етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) RICHARD SCHIER								404.0-0		
SVP - SALES	40.00	<u> </u>	<u> </u>	<u> </u>	X	<u> </u>		184,279.	0.	23,223
(19) TIMOTHY BLAKE SR. FINANCIAL ADVISOR	40.00					x		224,793.	0.	23,795
(20) MIKE HAGGERTY VP - FINANCIAL PLANNING SERVICES	40.00					х		295,666.	0.	26,685
(21) STEVEN JENNE MORTGAGE CONSULTANT	40.00					х		0.	221,247.	24,774
(22) RANDAL PIERSON SR. FINANCIAL ADVISOR	40.00					x		298,183.	0.	22,292
(23) EDWIN RAFFERTY MORTGAGE CONSULTANT	40.00					x		0.	226,125.	26,200
(24) MICHAEL PATRICK PORMER COO	0.00						X	163,916.	0.	0
,										
1b Sub-total						┰		3,456,263.	637,604.	768,101
c Total from continuation sheets to Part						\blacktriangleright		0.	0.	0
d Total (add lines 1b and 1c)				· ·		▶		3,456,263.	637,604.	768,101
2 Total number of individuals (including but	not limited to th	ose	liste	d at	oove	e) wt	o re	eceived more than \$100	,000 of reportable	4
compensation from the organization										Yes No

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BAILEY LAUERMAN		4 44
1299 FARNAM STREET, OMAHA, NE 68102	MARKETING / MEDIA	1,757,813.
CALLAHAN CREEK	l	
805 NEW HAMPSHIRE ST, LAWRENCE, KS 66044	MARKETING / MEDIA	1,297,967.
MICRODYNAMICS GROUP		
1400 SHORE RD., NAPERVILLE, IL 60563	STATEMENT PRINTING	545,589.
FISERV CCS, 4220 SHAWNEE MISSION PARKWAY,		
FAIRWAY, KS 66205	SOFTWARE MAINTENANCE	517,627.
NCR CORPORATION, 3097 SATELLITE BOULEVARD	ATM & SOFTWARE	
NW, DULUTH, GA 30096	MAINTENANCE	319,845.
2 Total number of independent contractors (including but not limited to those list	ted above) who received more than	
\$100,000 of compensation from the organization > 20		

Form 990 (2011)

Par	t VII	II Statement of Rever	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Ints	1 a	Federated campaigns		1a					
	b	Membership dues	1	1b					
A,	C	Fundraising events		1c					
声	d	Related organizations		1d					
žΞ	е	Government grants (contributi	ions)	1e					o in addition and the second
	f	All other contributions, gifts, grant	ts, and	i					
5₹[similar amounts not included abov	ve [1f					
and Other Si	g	Noncash contributions included in lines	1a-1f \$						
3 @	h	Total. Add lines 1a-1f	<u> </u>		<u>, , ,, ,,, , ,</u>		Jist Amarica		A STATE OF THE STA
- 1					Business Code	er dere			
8	2 a		<u>ns</u>		522200	69,794,877.	69,794,877.		
5 ⊕	b				522100	29,859,748.	29,859,748.		
Revenue	c	INTEREST ON INV			525990	5194932.	5194932.		
6 E	d	OTHER OPERATING			900099	3411512.	3411512.		
5	е	INCOME FROM TRU	HOME	SO	525990	591,825.	307,269.	247,769.	36,787
.	f	All other program service reve	nue		522100	365,803.	-88,329.	418,253.	35,879
	g	Total. Add lines 2a-2f				109,218,697.	adin mining and a second	ed gritische Derlystigf in	ક્ષાર ેલમી, ક્રિકાજ
	3	Investment income (including other similar amounts)				9,487.			9,487
	4	Income from investment of tax				3,10,0			J, ±07
	-		r-exempt	bonu j	DIOCEEUS -	···			
	5	Royalties	- · · ·		60 Damas al	Control of the left of the	Janes Argent Assembly St. 1 . 1 . 1 . 1	mante de agrego	
	_		(i) R 148!		(ii) Personal				
-		Gross rents	126						
1		Less: rental expenses							
-		Rental income or (loss)	22,4	±00.					
		Net rental income or (loss)			<u></u>	22,485.	comment of the commen		22,485
	7 a	Gross amount from sales of	(ī) Secu	ınties	(ii) Other				
		assets other than inventory			313,873,528.				
	b	Less: cost or other basis							
		and sales expenses			307,974,035.				
	C	Gain or (loss)	l		5,899,493.				
	đ	Net gain or (loss)			<u> </u>	5899493.			5,899,493
ایو	8 a	Gross income from fundraising	events ((not	ļ.		Little Towns Little Commence		
a		including \$	of						
<u>§</u>		contributions reported on line	1c). See						
<u> </u>		Part IV, line 18		įа					
Other Revel	b	Less: direct expenses							
~		Net income or (loss) from fund			•	The sale days sale at most of			
		Gross income from gaming ac	_				erenaite a abra		LYTHAKA TA
		Part IV, line 19					And the state of t	STATE OF STATE OF	
	h	Less: direct expenses							
		Net income or (loss) from game			<u> </u>	are a constant and a constant	at the state of th	and the same of the same	end moderation
.		Gross sales of inventory, less	-			Let (1996) Hillseleigh		E Les verles en Hills	
	.U d			_					
ĺ		and allowances			<u> </u>				
		Less: cost of goods sold						an farantan again fair	
\vdash	<u>c</u>	Net income or (loss) from sales		itory .	Business Carl		N. STANKE BLOOM IN THE STANKE	والمراجع المراجع المراجع المواجعة	725-1-12-22-2
-	11 -	Miscellaneous Revenue	<u>-</u>		Business Code	er arrest de Televis.	M. Although The Company of the Company	Mark Mark Control	
	11 a								
	b					 		-	
	C	All all an annual and							
	d	All other revenue					To any the section of the section	ಕ್ಷಪ್ಟ್ ಎನ್ಫ್ ಎಎಎ ಮುಸ್ತಿತ್ತ.	and an ad the following are given
		LOTAL ACCUINES 118-110			🕨	L		The state of the s	AND THE PROPERTY OF THE PARTY O
	е 12	Total revenue. See instructions.			_	115,150,162.	108,480,009.	666,022.	6,004,131

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 respo	nse to any question in the	his 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	145,976.			
2	Grants and other assistance to individuals in	233,73,73		STEEL PROPERTY OF THE	Section Commence and the section of
~	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			PLEASE AREA	Descriptions of the
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			The state of the s	
5	Compensation of current officers, directors,			mineral de la partir de la Ser Servicia.	man strange for the State to be
	trustees, and key employees	3,257,977.			
6	Compensation not included above, to disqualified	- 7 7 - 7 - 7 - 7			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	22,857,631.			
8	Pension plan accruals and contributions (include	, ,			
_	section 401(k) and section 403(b) employer contributions)	1,840,790.			
9	Other employee benefits	2,680,897.			
10	Payroll taxes	1,962,434.			
11	Fees for services (non-employees):				
а	Management	174,297.			
ь	Legal	95,381.			
-	Accounting	315,230.			
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				****
f	Investment management fees	485,702.		3-14-13-2	
g	Other	3,461,520.			
12	Advertising and promotion	5,392,155.			
13	Office expenses	4,987,164.			
14	Information technology	2,121,561.			·· ·
15	Royalties	·			
16	Occupancy	3,666,818.			
17	Travel	681,721.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	21,100,254.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,991,877.			
23	Insurance	362,529.			
24	Other expenses, Itemize expenses not covered			THE SECTION OF	基础的基础。
	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.)				
а	PROVISION FOR LOAN LOSS	14,675,000.			
b	LOAN SERVICING	7,338,634.			
С	MISCELLANEOUS OPERATION	4,317,100.			
d	FEDERAL & STATE TAXES	-1,978.			
е	All other expenses	,			
25	Total functional expenses. Add lines 1 through 24e	104910670.			
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 rf following SOP 98-2 (ASC 958-720)				
132010	0 01-23-12	·			Form 990 (2011)

Pa	ırt X∌	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	76,407,502.	1	50,849,237.
	2	Savings and temporary cash investments	714,656.	2	2,376,491.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	and the second second second	-33	E STATE OF THE STA
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	describe and the second	5	
	6	Receivables from other disqualified persons (as defined under section	ANTER TO LANGUAGE STATE	44.	PARTITION OF THE PARTITION
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	1	employees' beneficiary organizations (see instructions)	Ti maka 1920 az ele 12 anti-12 elitak 1924	6	Chan de canada de la familia d
Assets	7	Notes and loans receivable, net	1,203,084,844.		1,110,223,216.
SS	8	Inventories for sale or use		8	1,110,223,210.
•	9		2,619,173.	9	2,018,354.
	1	Prepaid expenses and deferred charges	MARKAGE MAKE MAKE	್ಷ್ಯೂ ೨	1,010,004.
	l lua				
	١ ـ	27 600 492		10c	38,949,622.
	l				586,589,892.
	11	Investments - publicly traded securities	925,851.	11	816,267.
	12	Investments - other securities. See Part IV, line 11	723,031.	12	010,207.
		Investments - program-related. See Part IV, line 11	 -	13	
	14	Intangible assets	44,241,647.	14	47 906 003
	15	Other assets. See Part IV, line 11	1,715,617,121.	15	47,806,983.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,865,977.	16	1,839,630,062.
	17	Accounts payable and accrued expenses	0,003,377.	17	8,149,293.
	18	Grants payable		18	
	19	Deferred revenue	1	19	
	20	Tax-exempt bond liabilities		20	2 744 066
tjes	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3,122,140.	21	3,744,066.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		45,74	
Lla		highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22 22	
	23	Secured mortgages and notes payable to unrelated third parties	208,306,635.	23	221,531,884.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,295,343,191.	25	1,391,275,309.
	26	Total liabilities. Add lines 17 through 25	1,513,637,943.	26	1,624,700,552.
		Organizations that follow SFAS 117, check here and complete	THEFT LANG.	3	
es		lines 27 through 29, and lines 33 and 34.			
anc anc	27	Unrestricted net assets		27	
3ale	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Ξ.	1	Organizations that do not follow SFAS 117, check here X and		¥ 15.	FERNING N
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
188	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	201,979,178.	32	214,929,510.
Z	33	Total net assets or fund balances	201,979,178.	33	214,929,510.
	34_	Total liabilities and net assets/fund balances	1,715,617,121.	34	1,839,630,062.
					Form 990 (2011)

Form	1 990 (2011) COMMUNITYAMERICA CREDIT UNION	44-6	015072	Pag	ge 12	
Pa	rt 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	115,15			
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,91			
3	Revenue less expenses. Subtract line 2 from line 1	3	10,23			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,979			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,71			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	214,92	9,5	10.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>			<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
b	b Were the organization's financial statements audited by an independent accountant?					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
d	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:			التأثي		
	Separate basis X Consolidated basis Both consolidated and separate basis				35	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	:	1		
	Act and OMB Circular A-133?		3a		X	
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
		-	Form	990 (2011)	

SCHEDULE C

Political Campaign and Lobbying Activities (Form 990 or 990-EZ)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to I • Section 501(c)(4), (5), or (6) organizat		Tax), or Form 990-E2	Z, Part V, line 35c (Proxy 1	ax), then				
Name of organization	ions. Complete Fait III.		Emp	oyer identification number				
•	TYAMERICA CREDIT	UNION		44-6015072				
Part I-A Complete if the org	anization is exempt under	er section 501(c)	or is a section 527 of					
Complete it the org				<u> </u>				
Provide a description of the organiz	ation's direct and indirect notition	al campaign activitios i	in Part IV					
2 Political expenditures	adon's direct and indirect pointed	a campaign activities	a.cv ▶ ¢	10,000.				
				20,0001				
3 Volunteer hours								
	anization is exempt unde							
1 Enter the amount of any excise tax								
2 Enter the amount of any excise tax	ncurred by organization manage	rs under section 4955	5 ▶ \$					
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No				
4a Was a correction made?		··· ······ ···· ···· ···· ·		L Yes L No				
b If "Yes," describe in Part IV.				-1/01				
Part I-C Complete if the org								
1 Enter the amount directly expended								
2 Enter the amount of the filing organi	zation's funds contributed to oth	er organizations for s	ection 527	10 000				
exempt function activities				10,000.				
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL	,					
line 17b								
4 Did the filing organization file Form	1120-POL for this year?		.,	L& Yes L No				
5 Enter the names, addresses and en	nployer identification number (EIN	N) of all section 527 po	olitical organizations to which	ch the filing organization				
made payments. For each organization	tion listed, enter the amount paid	I from the filing organia	zation's funds. Also enter t	ne amount of political				
contributions received that were pro-	emptly and directly delivered to a	separate political org	anization, such as a separa	ate segregated fund or a				
political action committee (PAC). If a	additional space is needed, provi	de information in Part	: IV.	-				
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
			filing organization's	contributions received and				
			funds. If none, enter -0	promptly and directly delivered to a separate				
				political organization.				
•				If none, enter -0				
~ .								
		 	 	 				
,								
· · · · · · · · · · · · · · · · · · ·								
				<u> </u>				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011 Part II-A Complete if the or	COMMUNITYAL ganization is exe	MERICA CREDI	T UNION on 501(c)(3) and fi	44-6 led Form 5768	015072 Page 2
(election under sec			55 1(5)(5) 4.74 11		
A Check ► ☐ If the filing organization expenses, and share	ation belongs to an af are of excess lobbying	filiated group (and list in gexpenditures). and "limited control" pro		d group member's nam	e, address, EIN,
Lim	its on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	Luence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infi					
c Total lobbying expenditures (add					······································
d Other exempt purpose expenditures					
e Total exempt purpose expenditure					
f Lobbying nontaxable amount. Ent					
If the amount on line 1e, column (a)		bbying nontaxable am		## #+6+#####	STATESKA VEGINALIS
Not over \$500,000	- '	f the amount on line 1e			
Over \$500,000 but not over \$1,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17		00 plus 5% of the exce			
Over \$17,000,000	\$1,000		33 0 νει ψ1,500,000.		
Over \$17,000,000	1 \$1,000	,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1ft			to water the form the training	Littliana art . Balan satta for wat
h Subtract line 1g from line 1a. If zer	•				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	•			L	<u> </u>
	_			Г	Yes No
reporting section 4911 tax for this		eraging Period Under		<u>., </u>	
,	zations that made a	section 501(h) election he instructions for line	n do not have to com	•	
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Graseroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 COMMUNITYAMERICA CREDIT UNION 44-6015072 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV	a detailed description	(;	a)	(1	b)
of the lobbying activity.		Yes	No	Amo	ount
During the year, did the filing organization attempt to influence for	reign, national, state or	3412144	35####################################	Take to the con	a de la companya de l
local legislation, including any attempt to influence public opinior	• •				
or referendum, through the use of:	, o., a , o g.o.a. v o , , .a. o.				
a Volunteers?		~*::::::::::::::::::::::::::::::::::::	.c		
b Paid staff or management (include compensation in expenses re	ported on lines 1c through 192	- · · · · · · · · · · · · · · · · · · ·			
c Media advertisements?				201 2014	
d Mailings to members, legislators, or the public?			ļ		
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or	r a legislative body?	<u></u>			
h Rallies, demonstrations, seminars, conventions, speeches, lectur i Other activities?	***************************************	<u> </u>			
j Total. Add lines 1c through 1i		516004.40	fall trobs		
2a Did the activities in line 1 cause the organization to be not descri	ned in section 501(c)(3)?	2-1,114		<u> </u>	
b If "Yes," enter the amount of any tax incurred under section 4912		74. J. F. F. F.	35474747 C	32 374 -	in draw in
c If "Yes," enter the amount of any tax incurred by organization ma					
		> 31/25.79 P	Jan Barrey	1 4 E A 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
d If the filing organization incurred a section 4912 tax, did it file For Part III-A Complete if the organization is exempt un		on 501/o	/ <u>F\</u>	estion	7 17 TAIL
501(c)(6).	uer section 30 h(c)(4), section	UII 30 I (C)	(5), or se	CHOH	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible	by members?		1		
2 Did the organization make only in-house lobbying expenditures or	\$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political exp Part III-B Complete if the organization is exempt un	penditures from the prior year?		3		
501(c)(6) and if either (a) BOTH Part III-A, ii answered "Yes."				: III-A, III	ie 3, is
1 Dues, assessments and similar amounts from members				<u> </u>	
2 Section 162(e) nondeductible lobbying and political expenditures	(do not include amounts of politi	cal		1	
expenses for which the section 527(f) tax was paid).			25.5		
a Current year			<u>2a</u>		
b Carryover from last year					
c Total					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of no					
4 If notices were sent and the amount on line 2c exceeds the amount	•]	
does the organization agree to carryover to the reasonable estimates	ate of nondeductible lobbying and p	political			
expenditure next year?			4		
5 Taxable amount of lobbying and political expenditures (see instru	ctions)	<u></u> .	. 5		
Part IV Supplemental Information				,	
Complete this part to provide the descriptions required for Part I-A, line this part for any additional information.	1; Part I-B, line 4; Part I-C, line 5; P.	art II-A; and	Part II-B, li	ne 1. Also,	complete
PART I-A, LINE 1:					
COMMUNITYAMERICA GIVES FUNDS TO VAR	IOUS POLITICAL ACT	ION C	TTIMMC	EES	
THAT PROMOTE AND SUPPORT THE ACTIVI	TIES OF CREDIT UNI	ONS.			

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.

	OMB No. 1545-0047
	2011
ورج	Open to Publican
_``-	Open to Publication

Name of the organization

COMMINITARY AMERICA CREDIT INTON

Employer identification number 44-6015072

Pā	rt I Organizations Maintaining Donor Advise		s or Accounts. Complete if the					
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		·					
_	, , ,	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·					
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)	· · ·	· · · · · · · · · · · · · · · · · · ·					
4	Aggregate value at end of year		· · · · · · · · · · · · · · · · · · ·					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds					
Ū	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for chantable purposes and not for the benefit of the donor o							
	, ·							
Pai	rt II Conservation Easements. Complete if the org							
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or e	· —	storically important land area					
	Protection of natural habitat	Preservation of a cert	• •					
	Preservation of open space	1 100011411011014 0011	mod filototio oblabicato					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a consentation easement on the last					
~	day of the tax year.	led Conservation Contribution in the form	or a conservation easement of the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements							
ь	Total acreage restricted by conservation easements		2b					
c	Number of conservation easements on a certified historic stri		···-					
	Number of conservation easements included in (c) acquired a							
ч			i l					
3	Number of conservation easements modified, transferred, rel		• •••					
•	year	casca, extinguished, or terminated by the	organization daring the tax					
4	Number of states where property subject to conservation eas	sement is located >						
	5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting,	** *** * * * * * * * * * * * * * * * * *						
7			·					
8								
	and section 170(h)(4)(B)(ii)?		Yes No					
9		on easements in its revenue and expense						
	9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for							
	conservation easements.		g					
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.					
	Complete if the organization answered "Yes" to Form							
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art.					
	historical treasures, or other similar assets held for public exh	· · · · · · · · · · · · · · · · · · ·	•					
	the text of the footnote to its financial statements that describ		,					
ь	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical					
_	treasures, or other similar assets held for public exhibition, ec	•	•					
	relating to these items:		and an and an an an an an an an an an an an an an					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$					
2	If the organization received or held works of art, historical treating							
_	the following amounts required to be reported under SFAS 1:	*	- 3					
•	Revenues included in Form 990, Part VIII, line 1	, , ,	> ¢					
a								
IJ	masers moluded in Form 330, Fait A							

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

Schedule D (Form 990) 2011

Sche	udic D (1 01111 000) 20 1 1	TYAMERICA							01507		
A	t III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other recor	ds, check	any of the	following tha	at are a s	signific	ant use of i	ts collectio	on item	s
	(check all that apply):										
а	Public exhibition	•	d ├─ॉ⊦	oan or exc	hange progra	ams					
b	Scholarly research	•	e 🔲 C	Other	<u> </u>						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how the	ey further t	he organizati	ion's exe	empt p	urpose in F	art XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical trea	sures, or oth	er simila	ır asse	ts		_	,
	to be sold to raise funds rather than to be ma								Yes	<u> </u>	No
Par	t IV Escrow and Custodial Arran	gements. Comp	lete if the	organizatio	on answered	"Yes" to	Form	990, Part I'	V, line 9, oi	r	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for c	contribution	ns or other as	sets no	t includ	ded			,
	on Form 990, Part X?							اا	Yes	X] No
ь	If "Yes," explain the arrangement in Part XIV	and complete the f	ollowing ta	able:			_				
							<u> </u>		Amour	<u>ıt</u>	
c	Beginning balance						[1	С			
d	Additions during the year							d			
е	Distributions during the year						<u> 1</u>	e			
f	Ending balance						• —	If	1		
	Did the organization include an amount on Fo		e 21?					Լ	X Yes	L	No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.										
Pâr	t V E Endowment Funds. Complete i	f the organization a	nswered *	'Yes" to Fo							
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Th	ree years bad		ır years	
1a	Beginning of year balance				ļ				(5-300 ° 5)		<u> </u>
b	Contributions								- FAFF	<u> 1340)</u>	
С	Net investment earnings, gains, and losses	<u>.</u>	<u> </u>						7/79/91	<u> </u>	1.555
d	Grants or scholarships								E SECT	`સ્ટિસ્ટ્રૅડ	
е	Other expenditures for facilities										
	and programs								[51553]	<u> </u>	
f	Administrative expenses		ļ						143 (B) (1	<i>F. F. F. G.</i>	£333
g	End of year balance		<u> </u>		l				-48%	<u> 187</u>	37.11.2 ²
2	Provide the estimated percentage of the curr	rent year end balan	ce (line 1g	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c should	ıid equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation that	t are held a	and administe	ered for	the org	janization			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations									1	
b	If "Yes" to 3a(ii), are the related organizations								3b	1	
4	Describe in Part XIV the intended uses of the										
Pai	t VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X,								
	Description of property	(a) Cost or	l l	. ,	t or other		\ccum		(d) Boo	ok valu	е
		basis (invest	tment)		(other)		precia		10 66	- 	4 = -
1a	Land					138(33)		P.25	10,66		
	Buildings				5,737.			, 256.	23,98		
С	Leasehold improvements				25,909.			,651.	1,65		
d	Equipment				6,708.	13,	153	,575.	2,33		
	Other	<u>. l</u>			0,235.	L				10,2	
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colum	n (B), line	10(c).)	<u> </u>		_	38,94	<u>19,6</u>	44.

Schedule D (Form 990) 2011

2. FIN 48 (ASC 740) 132053

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

FIN 48 (ASC 740) FOODINGE IN PART XIV, provide the text of the Toothole to the organization's financial

1,391,275,309

	edule D (Form 990) 2011 COMMUNITYAMERICA CREDIT UNI				44	<u>-6015072</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial S	Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities						
6				6			
7	Investment expenses			7		·	
	Prior period adjustments			<u> </u>			
8	Other (Describe in Part XIV.)	····· · ·	····	4			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	or Dotu		
	TXII Reconciliation of Revenue per Audited Financial Statemen					111	
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1			4	
а	Net unrealized gains on investments	2a				Ê	
ь	Donated services and use of facilities	2b				2	
С	Recovenes of pnor year grants	2c				-	
đ	- · · · · · · · · · · · · · · · · · · ·	1				<u>}</u>	
е	Add lines 2a through 2d				2e	<u>-</u>	
3	Subtract line 2e from line 1						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		•••		35.50	<i></i>	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				7	
	Other (Describe in Part XIV.)					<u>.</u>	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	+	
5	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	Vith Eype	ncos		1100	
						T T	
1	Total expenses and losses per audited financial statements				1	-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				719	3	
а	Donated services and use of facilities	2a				Ä	
b	Pnor year adjustments	2b				-	
С	Other losses	2c			\$10	*	
đ	Other (Describe in Part XIV.)	2d			5	-	
е	Add lines 2a through 2d					1	
3	Subtract line 2e from line 1					T	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1;				\$ 63		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			ירובים: הרבשם	:	
	Other (Describe in Part XIV.)					£ .	
	Add lines 4a and 4b				4c	-	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				. 5	+	
	t XIV Supplemental Information			·····	. 3		
-	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,						4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple						
PAF	RT IV, LINE 1B: AS PART OF OUR NORMAL FIRST	. MO	RTGAGE	TO	AN SEI	RVICING,	
							_
PAY	MENTS ARE COLLECTED MONTHLY AND PLACED IN	ESC	ROW FO	RT	HE BOI	RROWER T	0
PAY	THEIR REAL ESTATE TAXES AND HOME OWNER IN	SUR	ANCE.	CO	MMUNI	<u> </u>	<u> </u>
PAY	S THE TAXES AND INSURANCE PREMIUMS WHEN DU	E O	N BEHA	LF	OF TH	E BORROW	ER.
		-					

SCHEDULE I (Form 890) Department of the Treasury Internal Revenue Service

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

2011

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

➤ Attach to Form 990.

2 | **Employer identification number** 44-6015072 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed (f) Method of recipional space is needed (g) Description of recipional space is needed (g) D Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection K/N N/A Y/A Υ. X > FX FMV ξ Σ¥ FK ٥. ö ö ö ٥. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 25,000, .000 11,149 30,000 7,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10, CREDIT UNION 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(6) Enter total number of other organizations listed in the line 1 table 44-0545812 44-0605373 43-1270223 44-0604809 39-1143339 Part () General Information on Grants and Assistance COMMUNITYAMERICA criteria used to award the grants or assistance? 1 (a) Name and address of organization AMERICA - 4049 PENNSYLVANIA AVE., UNITED WAY OF GREATER KANSAS CITY CLINICS - 2401 GILHAM RD - KANSAS WORLDWIDE FOUNDATION FOR CREDIT BTE 150 - KANSAS CITY, MO 64111 UNIONS - 5710 MINERAL POINT RD CHILDREN'S MERCY HOSPITALS AND JUNIOR ACHIEVEMENT OF MIDDLE SPELMAN MEDICAL FOUNDATION 5830 NW BARRY RD, STE 270 KANSAS CITY, MO 64154 KANSAS CITY, MO 64187 Name of the organization MADISON, WI 53705 CITY, MO 64108 PO BOX 871400

Schedule I (Form 990) (2011)

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

(Form 990) (2011) COMMUNITYAMERICA CREDIT UNION Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2011)

Page 2

44-6015072

(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			nal Information.	тнв					
		 :	er additio	BY T					
(d) Amount of non- cash assistance			line 2, and any other	APPROVED					
(c) Amount of cash grant			required in Part I, I	ALL GRANTS/DONATIONS ARE	UNION.				
(b) Number of recipients			le the information	ANTS/DON	A CREDIT				
(a) Type of grant or assistance			[Part VX] Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	SCHEDULE I, PART I, LINE 2: ALL GRA	MANAGEMENT TEAM OF COMMUNITYAMERICA				

SCHEDULE J (Form 990)

Department of the Treasury

Discretionary spending account

Form 990 of other organizations

Internal Revenue Service

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.

➤ Attach to Form 990.
➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 44-6015072 COMMUNITYAMERICA CREDIT UNION **Questions Regarding Compensation** Part I 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, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence X Tax indemnification and gross-up payments Health or social club dues or initiation fees

X Personal services (e.g., maid, chauffeur, chef)

X Approval by the board or compensation committee

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1Ь 2 Did the organization require substantiation pnor to reimbursing or allowing expenses incurred by all officers, directors, X trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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. Written employment contract X Compensation committee Compensation survey or study X Independent compensation consultant

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement?......... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 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 contingent on the revenues of: a The organization? **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III.

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

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

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

b Any related organization?

Schedule J (Form 990) 2011

8

COMMUNITYAMERICA CREDIT UNION

Schedule J (Form 990) 2011 COMMUNITYAMERICA CREDIT UNION 44-6015072 Part II? Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

Note. The sum of columns (B)(1)-(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.

	l							
		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(А) Nате		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred	benefits	(B)(i)-(D)	Compensation reported as deferred in orior Form 990
			compensation	compensation	-			
t .	8	391,40	150,428.	18,440.	93,789.	9,283.	663,345.	0
1 DENNIS PIERCE	Ξ				0		0	0
	Ξ	219,24	61,956.	6,64	214,700.	8,922.	511,472.	0
2 RICHARD BAUMGARTNER	흳			Ì				0
	Ξ	227,02	75,141.	11,861.	56,163.	11,834.	382,027.	0
3 LISA GINTER	₿		- 1		i I		t !	0
	Ξ	200,18	57,488.	1,60	63,895.	11,777.	334,954.	0
4 GUY RUSSO	Ξ			0.		0	0	0
	Ξ	175,88	59,466.	843.	43,756.	11,720.	291,668.	0
6 SEAN YOKLEY	▤		0		0	0.	0	0
	Ξ		- 1		0		0	0
6 KEITH VARNEY	▣	138,	~	2,704.	11,906.	12,093.	214,231.	0
	E	129,24	30,550.	3,065.	6,218.	9,094.	178,167.	0
7 RODNEY GRUENBERG	Ξ			• 0	0		l	0
	Ξ	125,67	29,469.	613.	7,125.	5,163.	168,049.	0
8 SEREPTHA HELM	Ξ				0.	l		0
	Ξ	127,34	31,036.	7.7	9,977.	12,001.	181,133.	0
9 JEAN HUGHES	₿		ı		0.			0
	Ξ	128,25	24,998.	780.	9,709.	12,007.	175,744.	0
10 TIMOTHY SARACINI	≣	,						0
	Ξ	146,53	33,887.	3,858.	11,184.	12,039.	207,502.	0
11 RICHARD SCHIER	8		ľ	0	ľ	- 1	- 1	0
	≘		224,167.	626.	13,916.	9,879.	248,588.	0
12 TIMOTHY BLAKE	▤	c c	- 1	lo	Ī	- 1	- 1	0
	Ξ	89,73	205,502.	433.	14,700.	11,985.	322,351.	0
13 MIKE HAGGERTY	ཐ		0	0	0	0	0	0
	=		P	0	l	0	- [0
14 STEVEN JENNE	3		707		-	س	익	0
	Ξ		296, 233.	1,950.	10,152.	12,140.	320,475.	0
15 RANDAL PIERSON	흳		0	0	0	0	0	0
	Ξ		ľ	0 1	٩	7	- 1	0
16 EDWIN RAFFERTY		0	225,340.	• 587.	14,021.	12,179.	252,325.	0
							1 0	

Schedule J (Form 990) 2011

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Page 2

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation	: and/or 1099-MIS	C compensation	(C)	(D)	(E)	(F)
(А) Nате		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	compensation reported as deferred In prior Form 990
1	Ξ		0	163,916.	0	0	163,916.	0
1 MICHAEL PATRICK	≘	0	0	0	0	0	0	0
	Ξ							
2	(II)							
	Ξ							
3	(E)							
	€							
4	₽							
	Ξ							
5	(II)							
	€							
9	(11)							
	ε							
7	Ξ							
	Ξ							
8	Ξ							
	Ξ							
6								
	Ξ							
10	Ξ							
	€							
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12	Ξ			- 7 -				
	Ξ							
13	Œ							
	(i)							
14	▤							
	Ξ							
15	▤							
	Ξ							
16	릐							
				200			Schedul	Schedule J (Form 990) 2011

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Complete this part to provide the Information, explanation, or descriptions required for Part I, Ilnes 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional Information.

, IF LINE 1A: COMMUNITYAMERICA PROVIDED TRAVEL FOR COMPANIONS, PART

TAXABLE THIS BENEFIT WAS NOT TREATED AS FOR ALL PERSONS LISTED. REQUESTED,

BUT TO THE TRAVELING COMPANION COMPENSATION TO THE PERSON LISTED,

PIERCE'S IN DENNIS INCLUDED GROSSED-UP LONG TERM DISABILITY PREMIUMS ARE

TAXABLE COMPENSATION.

THE OFFICERS OF COMMUNITYAMERICA ARE REIMBURSED FOR INCOME IF REQUESTED ,

THESE REIMBURSEMENTS ARE INCLUDED IN THEIR TAX PREPARATION EXPENSES.

TAXABLE COMPENSATION

AND SEAN YOKLEY RUSSO, GUY LISA GINTER, PIERCE, 4B: DENNIS LINE Н PART SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN BUT DO NOT HAVE Ø Z PARTICIPATE

ANY AMOUNT REFLECTED IN THEIR COMPENSATION FROM THIS PLAN

THE COMPENSATION REPORTED FOR MICHAEL PATRICK IS ENTIRELY FROM A

NONQUALIFIED RETIREMENT PLAN DISTRIBUTION. SUPPLEMENTAL Schedule J (Form 990) 2011

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Publicant Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COMMUNITYAMERICA CREDIT UNION	44-6015072
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
COMMUNITYAMERICA CREDIT UNION'S PRIMARY PURPOSE IS TO PRO	MOTE THE
FINANCIAL WELL BEING OF OUR CREDIT UNION MEMBERS THROUGH	FINANCIAL
SERVICES AND PRODUCTS.	
FORM 990, PART VI, SECTION A, LINE 6: AS A COOPERATIVE, C	OMMUNITYAMERICA
IS OWNED BY ITS MEMBERS. TO BE A MEMBER YOU MUST MEET CE	RTAIN
QUALIFICATIONS. MEMBERSHIP ENTITLES YOU TO CONDUCT BUSIN	ESS WITH THE
CREDIT UNION AND VOTE IN MATTERS OF THE CREDIT UNION. EV	ERY MEMBER HAS ONE
VOTE.	
FORM 990, PART VI, SECTION A, LINE 7A: COMMUNITYAMERICA U	TILIZES A
NOMINATING COMMITTEE TO PROPOSE CANDIDATES FOR THE BOARD	OF DIRECTORS.
NOMINATIONS FOR VACANCIES AND/OR AGENDA ITEMS FOR THE ANN	UAL MEETING MAY BE
SUBMITTED BY THE GENERAL MEMBERSHIP BY PETITION.	
FORM 990, PART VI, SECTION A, LINE 7B: BOARD MEMBERS ARE	APPROVED AT THE
ANNUAL MEETING BY ACCLAMATION. AN ACTUAL VOTE BY THE MEMB	ERSHIP IS REQUIRED
TO CHANGE THE CREDIT UNION'S CHARTER OR CERTAIN BYLAWS.	
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL	BE REVIEWED BY
MEMBERS OF THE MANAGEMENT TEAM PRIOR TO FILING WITH THE I	RS.
	<u> </u>
FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS AND EMP	LOYEES ARE
REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST ON AN ANNU	VAL BASIS.

Schedule O (Form 990 or 990-EZ) (2011)

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

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

14.40	2011	Open to Public	The Inspection was
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I OMB No 1545-0047

Employer identification number 44-6015072

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ★ Attach to Form 990. CREDIT UNION COMMUNITYAMERICA Name of the organization

Identification of Disregarded Entitles (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part is

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) 702,376.COMM.AMER 0.CUSO ONE End-of-year assets <u>e</u> 。 1,204,701 Total income ਭ Legal domicile (state or foreign country) MISSOURI MISSOURI Primary activity HOLDING COMP. HOLDING COMP. - 43-1925982 Name, address, and EIN LLC of disregarded entity COMMUNITYAMERICA CUSO ONE, LENEXA, KS 66219 LENEXA, KS 66219 9777 RIDGE DRIVE 177 RIDGE DRIVE CASE, LLC Partit

Direct controlling status (if section Public charity Exempt Code section 豆 Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

No							
Yes							
 501(c)(3))							
			_				
			 _				
	:						
							Г

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

Schedule R (Form 990) 2011

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Schedule R (Form 990) 2011 COMMUNITYAMERICA CREDIT UNION

ipartification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because It had one or more related stated as a partnership during the tax year.)

	tage ihip				68.50%	İ			68.50%					
3	General or Percentage managing ownership				68.				68.			_		
9	General or managing partner?	Yes No			×				×	-	 			_
8	-UBI n box	K-1 (Form 1065)			N/A				N/A					
Ξ	tlon-	No			×				×					
	Dispro ate allo	Yes												
(6)	Share of end-of-year				4,022,470				337,008.					
£	Shar in			_	591,825.				248,081.					
(0)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)			RELATED				RELATED					
(p)	Direct controlling entity				CUSO ONE, LLC				CUSO ONE, LLC					
(0)	Legal domicile (state or	country)			MO				MO					
(q)	Primary activity				MORTGAGE COMP				TITLE SERVICES					
(a) (b) (c)	Name, address, and EIN of related organization		- O'I'I SOUTHUTUS SWOHING	76-0762186, 9777 RIDGE DRIVE,	LENEXA, KS 66219	TRUHOME TITLE SOLUTIONS, LLC	- 20-4959088, 14215 E 42ND	STREET S, INDEPENDENCE, MO	64055					

Iparking Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related is a corporation or trust during the tax year.)

							- 1
(a)	(g)	<u></u>	ਉ	(0)		(6)	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	~ 6
PREFERRED FINANCIAL SERVICES - 43-1384279							
925 NE DEERBROOK ST							
LEB'S SUMMIT, MO 64086	FIN, SERVICES	MO	COMM. AMERICA	C CORP	0	0	50.00\$
					-		

Schedule R (Form 990) 2011

132162 01-23-12

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Schedule R (Form 990) 2011 COMMUNITYAMERICA CREDIT UNION

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Part V

Schedule R (Form 990) 2011 ٤ (d)
Method of determining amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 150,593.FMV 3,199,420.FMV 5,839,848.FMV 289,530.FMV 363,446.EMV (c) Amount involved (b) Transactlon type (a·r) Performance of services or membership or fundralsing solicitations for related organization(s) i Performance of services or membership or fundraising solicitations by related organization(s) Ø Z Ы z ρį Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) Interest (ii) annultles (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) : Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) n Sharing of paid employees with related organization(s) LIC (a) Name of other organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) h Exchange of assets with related organization(s) SOLUTIONS, LIC LLC (2) TRUHOME SOLUTIONS, LLC LIC Sale of assets to related organization(s) (3) TRUHOME SOLUTIONS, SOLUTIONS, SOLUTIONS, TITLE (4) TRUHOME (1) TRUHOME (5) TRUHOME 132163 01-23-12 ٥ 0 回

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

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172

സ	MMUNITYAMERICA CRED	IT UNION		FORM 9	90 P	AGE 10		44-6015072
	rt Election To Expense Certain Prop		79 Note: If you hav				V before y	
	Maximum amount (see instructions)						1	500,000.
-	Total cost of section 179 property place							
	Threshold cost of section 179 property						. 3	2,000,000.
	Reduction in limitation. Subtract line 3	•					4	
	Dollar limitation for tax year Subtract line 4 from lin			actely conjecture		· · · · · · · · · · · · · · · · · · ·	5	
	(a) Description of p			Cost (business use		(c) Elected	cost	. Here alemande de ha
6	(4)			•				
		· ··· · ·						
		 						
	Listed property. Enter the amount from	n line 20			7			
	Total elected cost of section 179 prop		in column (c) line				8	Lineaukibindhinailinailinail
	Tentative deduction. Enter the smaller	=					-	
_	Carryover of disallowed deduction from						•• 🗕	
	Business income limitation. Enter the						·· ··	
	Section 179 expense deduction. Add						12	
	Carryover of disallowed deduction to 2				13		. , .~	s (1) (400) (22 / 600) #80
	e: Do not use Part II or Part III below for							me an south me and a said
	rt II Special Depreciation Allow				ed prope	rtv.)		
_	Special depreciation allowance for qua							
							14	1
	the tax year						15	
	Other depreciation (including ACRS)						16	
	rt III MACRS Depreciation (Do n		operty) (See instr					
1,20	TE III MAONS Depresided (Do II	ot molade noted pr	Section			· · · · · · · · · · · · · · · · · · ·		· · - · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed	in senice in tax ve	ars beginning bef	fore 2011			17	2,991,877.
	f you are electing to group any assets placed in se	-			heck here		j (3.5-	
10	Section B - Assets						tion Syst	
	(a) Classification of property	(b) Month and year placed	(c) Basis for depre (business/investme	ent use (a)	Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only - see instruc					
<u>19a</u>	3-year property					+		
_ь	5-year property					- 		
_ <u>c</u>	7-year property		-			 		
<u>d</u>	10-year property					+		
e	15-year property				-	+		
f_	20-year property			<u> </u>				
<u>g</u>	25-year property				25 yrs.	 	S/L	
h	Residential rental property	/			7.5 yrs.	MM	S/L	
		/			7.5 yrs.	MM	S/L	
i	Nonresidential real property	/		3	39 yrs.	MM	S/L	-
		/				MM	S/L	<u> </u>
	Section C - Assets		During 2011 Tax	Year Using t	ne Alterr	native Depred	1	stem
<u>20a</u>	Class life					ļ	S/L	ļ <u></u>
_ь		Partition.			12 yrs.	_	S/L	<u> </u>
_ <u>c</u>			<u> </u>		10 yrs.	MM	S/L	<u> </u>
	TT.IV: Summary (See instructions.)							· · · · · · · · · · · · · · · · · · ·
	Listed property. Enter amount from lin						21	
22	Total. Add amounts from line 12, lines	s 14 through 17, lin	es 19 and 20 in o	olumn (g), and	l line 21.			0 001 055
	Enter here and on the appropriate line	=			see inst	r <u></u>	. 22	2,991,877.
23	For assets shown above and placed in	n service during the	e current year, ent	ter the				
	portion of the basis attributable to sec		<u></u>	<u> </u>	23			A PRESENTATION AND A SECOND COMMENTS OF THE PROPERTY OF THE PR
1162: 11-21	51 1-11 LHA For Paperwork Reduction	n Act Notice, see	separate instruc	tions. 39				Form 4562 (2011)

Form 4562 (2011)

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Schedule R (Form 990) 2011 COMMUNITYAMERICA CREDIT UNION

[Part VI] Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

(k) Percentage ownership						1.150
General or managing partner?	7					
Gene Dann Dart						
(h) (i) (k) (k) Bispropol Code V-UBI General or Percentage Illoguis amount in box 20 managing ownership of Schedule K-1 pertner? Yes No (Form 1065) Yes No						2
(h) Disprapor- Ilonate allocations? Yes No			-			
(g) Share of end-of-year assets						
(f) Share of total income						
Are all partners sec 501(c)(3) orgs?		-				
				<u> </u>	 	
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) (b) (c) (d) Name, address, and EIN Primary activity of entity of entity country) (state or foreign axcluded from tax						

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44-6015072 Page 5 COMMUNITYAMERICA CREDIT UNION Schedule R (Form 990) 2011 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).