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DLN: 93493320090622

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable APCO EMPLOYEES CREDIT UNION 63-0328360 Address change Doing Business As E Telephone number Name change (205) 257-3601 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 62,807,510 750 17TH STREET NORTH Terminated Amended return City or town, state or country, and ZIP + 4 BIRMINGHAM, AL 35203 Application pending Name and address of principal officer **H(a)** Is this a group return for **BLANE MINK** affiliates? 750 17TH STREET NORTH BIRMINGHAM, AL 35203 H(b) Are all affiliates included? If "No," attach a list (see instructions) 「 501(c)(3) **「** Tax-exempt status 501(c) (14) 🖪 (insert no) 4947(a)(1) or 527 Group exemption number ► 1422 Website: ► WWW APCOCU ORG STATE CHARTERED COOPERATIVE L Year of formation 1953 M State of legal domicile AL CREDIT UNION Part I Summary Briefly describe the organization's mission or most significant activities COOPERATIVE CREDIT UNION Activities & Governance Check this box 📭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) . 4 10 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 103 Total number of volunteers (estimate if necessary) 6 21 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 257,948 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . 7b 98,040 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 0 0 8 57,014,945 62,807,510 9 Program service revenue (Part VIII, line 2g) . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 57.014.945 62,807,510 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 275,181 261,204 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 6,331,755 6,267,481 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b Total fundraising expenses (Part IX, column (D), line 25) •0

Net assets or fund balances Subtract line 21 from line 20 . Signature Block

17

18

19

20

21

d Balances

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . .

Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

Revenue less expenses Subtract line 18 from line 12 . . .

Total assets (Part X, line 16) . . .

Total liabilities (Part X, line 26)

	*****		20:	12-11-15
Sign Here	Signature of officer		Dat	te
	BLANE MINK CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature W GLENN BRIDGES	Date 2012-11-15	Check if self-employed	Preparer's taxpayer identification number (see instructions) P00519867
	Firm's name (or yours of self-employed), address, and ZIP + 4	EIN ▶ 63-0813240		
	BIRMINGHAM, AL 35223 S discuss this return with the preparer shown above?			Phone no ▶ (205) 323-5440 ▼ Yes ■ No

39,744,424

46,273,109

16,534,401

2,129,509,796

1,922,473,465

207,036,331

End of Year

41,969,063

48,575,999

8,438,946

Beginning of Current

Year

1.959.466.591

1,770,170,679

189,295,912

Par	t III	Statement of Program S Check if Schedule O contains a			I	୮
1	Briefl	y describe the organization's mis	ssion			
		TIVE SOCIETY INCORPORATE				G ITS MEMBERS AND
.KE	ATING	A SOURCE OF CREDIT FOR TH	HEM AT LEGITIMA	IE RATES OF INTER	RESI	
_						
2	the pr	ne organization undertake any sig Tior Form 990 or 990-EZ?				┌ Yes ┌ No
_		s," describe these new services				
3	servio			t changes in how it c	onducts, any program	┌ Yes ┌ No
	If "Ye	s," describe these changes on S	chedule O			
4	expen	ribe the organization's program s uses Section 501(c)(3) and 501 s and allocations to others, the t	(c)(4) organizations	and section 4947(a)(1) trusts are required to re	port the amount of
4a	(Code	e) (Expenses \$	46,273,109	ıncludıng grants of \$) (Revenue \$)
	AMON CHAR COMF	E OF ALABAMA, SEC 5-17-1, STATES THA IG ITS MEMBERS AND CREATING A SOU TERED CREDIT UNION, WAS ESTABLISH PANY THE CREDIT UNION'S MEMBERSH MBER 31, 2011, THE CREDIT UNION HA	RCE OF CREDIT FOR TH ED TO PROVIDE THESE : IP ALSO INCLUDES AFFIL	EM AT LEGITIMATE RATES SERVICES TO ITS MEMBEI JATES OF ALABAMA POWE	S OF INTEREST APCO EMPLOYEES (RS WHO ARE EMPLOYEES AND THE: RR AND SELECTED EMPLOYEE GROU	CREDIT UNION,AN ALABAMA STATE IR RELATIVES OF ALABAMA POWER
4b	(Code	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code	e) (Expenses \$		including grants of \$) (Revenue \$)
4d	Othe	er program services (Describe ir	Schedule O)			
		enses \$	including grants of	f\$) (Revenue \$)
4e		I program service expenses►\$	46,273,10		<u> </u>	

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

,	·	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	-1	
_	Estantla number unastada Bara 2 de Estant 1906 Estant 9 de atambientos de la la		Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 47,120			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the	3a	Yes	
•	year?	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b				140
	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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
b	organization solicit any contributions that were not tax deductible?			
	were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
•	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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?			
	Sponsoring organizations maintaining donor advised funds.	8		
a	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
-	facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
,	sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
4_				
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal	•		
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	ارم		
<u> </u>		16b		
<u>5e</u> 17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BLANE MINK
 750 17TH STREET NORTH

BIRMINGHAM, AL 35203 (205) 226-6800

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		11130)	organizations
(1) MARK WILKINSON DIRECTOR - CHAIRMAN	0 00	х						0	0	0
(2) MELINDA LOPEZ DIRECTOR - VICE CHAIR	0 00	х						0	0	0
(3) WENDELL PATE DIRECTOR - SECRETARY	0 00	х						0	0	0
(4) JOHN VALEKIS DIRECTOR - TREASURER	0 00	х						0	0	0
(5) WILLIAM BASS DIRECTOR	0 00	х						0	0	0
(6) BILLY GOBER DIRECTOR	0 00	х						0	0	0
(7) SAL A MARINO DIRECTOR	0 00	Х						0	0	0
(8) ROY SIMS JR DIRECTOR	0 00	х						0	0	0
(9) ROBERT B ROY DIRECTOR	0 00	Х						0	0	0
(10) JACK WISDOM DIRECTOR	0 00	Х						0	0	0
(11) ANN WILKINSON SUPERVISORY COMMITTEE-CHAI	0 00	Х						0	0	0
(12) ALLISON BOONE SUPERVISORY COMMITTEE	0 00	Х						0	0	0
(13) CELIA YATES SUPERVISORY COMMITTEE	0 00	Х						0	0	0
(14) MERRILL MANN PRESIDENT/CEO	40 00			Х				216,102	0	73,944
(15) DERRICK RAGLAND COO & FACILITIES MANAGER	40 00			Х				123,469	0	27,273
(16) BLANE MINK CFO/VP	40 00			Х				124,554	0	17,642
(17) CHRISTOPHER GERETY HR & COMPLIANCE MANAGER	40 00					х		109,115	0	24,036

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

(A) Name and Title		(B) A verage hours per week (describe hours	unless person is both an officer and a director/trustee)						Repor comper from organiza 2/1099	table nsation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of oth compensatio from the organization a related		ited f other sation the on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			HI3C)	(organiza	
	LARRY MORGAN IER PRESIDENT	0 00						х		119,728		0		0
												-		
												-		
												+		
												+		
												╁		
												+		
1b	Sub-Total				•	•	<u> </u>	 						
С	Total from continuation sheets	to Part VII, Sec	tion A					P						
d								-		692,968	0			142,895
2	Total number of individuals (incli \$100,000 of reportable compens	_				tea	apove) wno	o received	more tha	n			
													Yes	No
3	Did the organization list any forr on line 1a? <i>If</i> "Yes," complete Sch							ee, c	or highest	compens:	ated employee	3	Yes	
4	For any individual listed on line 1 organization and related organization individual											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									nızatıon o	or individual for	5	103	No
	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
		(A) ne and business add	dress							Descr	(B)		(C Comper) Isation
												\mp	•	
												\downarrow		
												\pm		
	Total number of independent conti \$100,000 of compensation from t			ot lın	nited	l to 1	those	liste	d above) v	vho receiv	ed more than			

Form 990 (2011) Page 9								
Part \	/IIII _	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514	
#\$ ## SEC	1a	Federated campaigns	1a					
e Ta	ь	Membership dues	1b					
ું.≝	С	Fundraising events	. 1c					
<u>≅</u> ,≅	d	Related organizations						
ans, Sim	e	Government grants (contributions)	1e	ļ				
e e	f	All other contributions, gifts, grants, a similar amounts not included above	nd 1f					
きま	g	Noncash contributions include						
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines 1a-1f						
			Business Code					
mue	2a	INVESTMENT INCOME	522100	32,860,172	32,860,172			
Program Service Revenue	b	LOAN INTEREST INCOME-M	522100	23,659,226	23,659,226			
	c	FINANCIAL SERVICE FEES	522100	6,288,112	6,030,164	257,948		
	d							
<u>ه</u>	e							
<u>z</u>	f	All other program service reve	nue					
Ě	g	Total. Add lines 2a-2f		62,807,510				
	3	Investment income (including	dıvıdends, ınterest					
		and other similar amounts) .						
	4	Income from investment of tax-exem	· · · · · · · · · · · · · · · · · · ·					
	5	Royalties	(II) Personal					
	6a	Gross rents	(,					
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental income or (loss).						
		(ı) Securities	s (II) Other					
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d				İ			
	8a	Gross income from fundraising	ı F					
пe		events (not including						
Other Revenue		\$ of contributions reported on lin	e 1c)					
æ		See Part IV, line 18	a					
her	ь	Less direct expenses						
₹	c	Net income or (loss) from fundi						
	9a	Gross income from gaming act	ıvıtıes					
		See Part IV, line 19	a					
	ь	Less direct expenses	. ь					
	c	Net income or (loss) from gami	ng activities					
	10a	Gross sales of inventory, less returns and allowances .	a					
	ь	Less cost of goods sold	. b					
	С	Net income or (loss) from sales						
	44	Miscellaneous Revenue	Business Code					
	11a		_					
	Ь		_					
	c d	All other revenue	_					
	e	Total. Add lines 11a-11d .						
		·	▶					
	12	Total revenue. See Instruction	s •	62,807,510	62,549,562	257,948	0	

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 (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 261,204 5 Compensation of current officers, directors, trustees, and 582,984 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 3,348,681 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 2,035,345 Other employee benefits 300,471 10 11 Fees for services (non-employees) Management Legal Accounting 35,288 Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees q Other Advertising and promotion 12 Office expenses 13 144,325 14 Information technology 15 Royalties . . 935,223 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 173,305 9,256,833 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 288,709 23 191,005 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) FEDERAL INCOME TAX 14,000 MEMBER SHARE DIVIDENDS 21,056,854 4,253,648 **NCUSIF EXPENSES** PROVISION FOR LOAN LOSS 1,647,779 d е All other expenses 1,747,455 Total functional expenses. Add lines 1 through 24f 25 46,273,109 Joint costs. Check here ► [if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 32,139,363 2 17.193.247 2 3 3 4 4 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key 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)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Schedule L 7 448,062,170 432,042,383 8 9 9 Prepaid expenses and deferred charges 17,740,159 Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 10a 2,506,581 b Less accumulated depreciation 10b 13,474,450 **10c** 15,233,578 11 11 12 12 Investments—other securities See Part IV, line 11 13 1,460,402,801 13 1,591,265,264 Investments—program-related See Part IV, line 11 . . 14 Intangible assets 14 36,353,710 15 42,809,421 15 1,959,466,591 2,129,509,796 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,817,322 17 3,540,038 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,767,353,357 25 1,918,933,427 D 26 1,770,170,679 26 1,922,473,465 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ▽ and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 189,295,912 207,036,331 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 Total net assets or fund balances 189.295.912 33 207,036,331 34 Total liabilities and net assets/fund balances 1.959.466.591 2.129.509.796 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62.8	307,510
2	Total expenses (must equal Part IX, column (A), line 25)	2			73,109
3	Revenue less expenses Subtract line 2 from line 1	3		16,5	34,401
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		189,2	95,912
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,2	06,018
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		207,0	36,331
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	No
1	Accounting method used to prepare the Form 990			165	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th 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	e •	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Additional Data

Software ID: Software Version:

EIN: 63-0328360

Name: APCO EMPLOYEES CREDIT UNION

Form 990, Special Condition Description:

Special Condition Description

DLN: 93493320090622

OMB No 1545-0047

Open to Public

Inspection

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, 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

APC	CO EMPLOYEES CREDIT UNION			-	•		
			- · · · -		328360		
Pa	organizations Maintaining Donor Active organization answered "Yes" to Form 99		er Similar Fu	nds c	r Account	s. Complet	te if the
	organization answered Tes to Form 55	(a) Donor advised	funds	(b) Funds and	other accou	nts
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 advi	Core in writing that the acc	ots hold in dono	r advud	· od		
	funds are the organization's property, subject to the	organization's exclusive le	gal control?			☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit					┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organization answ	vered "Yes" to	Form	990, Part I	V, line 7.	
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Pres	servation of an l servation of a ce	ertified	historic stru		a
	easement on the last day of the tax year		_				
					Held at th	e End of the	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements		L	2b			
C	Number of conservation easements on a certified his	toric structure included in	(a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06		2d			
3	Number of conservation easements modified, transfe	rred, released, extinguishe	d, or terminated	by the	e organization	n during	
	the taxable year 🛌						
4	Number of states where property subject to conserva	ation assembnt is located	_				
	• • • • •		•	— 			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ispection, namu	ing or	violations, an	☐ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conse	ervation easeme	nts du	ring the year	-	
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conserva	tıon easements	durıng	the year		
	▶ \$						
В	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requi	rements of sect	ion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organiza					
aı	t III Organizations Maintaining Collectio Complete if the organization answered '	ns of Art, Historical 'Yes" to Form 990, Part	Treasures, o IV, line 8.	r Oth	er Similar	Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its re for public exhibition, educa	venue statemen atıon or research	ın fur			≘,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education					
	(i) Revenues included in Form 990, Part VIII, line 1				▶ \$		
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, histo	orical treasures or other si	ımılar assets for	financ			
_	following amounts required to be reported under SFA				gam, prov	.30 1110	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	. His	tori	cal	Treas	ures, or Ot	<u>her</u>	<u> Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	he fol	lowin	g that a	re a significar	nt us	se of its collection	n	
а	Public exhibition		d	Г	Loa	n or exc	change progra	ms			
b	Scholarly research		e	Γ	Oth	ner					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n ho	w the	y furt	her the	organızatıon's	sex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	"Ye	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	ford	ontri	butions	or other asse	ts n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollov	ving t	able		_				
							_	4	Amo	unt	
С	Beginning balance						_	lc			
d	Additions during the year							ld			
е	Distributions during the year						_	le			
f	Ending balance						_ :	Lf			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?	•						Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									\	
4.	Designing of year halance	(a)Current Year	(b) Prior	Year	(c)1	wo Years Back	(a)	hree Years Back (e) Four Y	ears Back
1a	Beginning of year balance										
Ь	Contributions					+					
с	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	s						•		
a	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ition	that	are h	eld and	admınıstered	for t	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	•				۱۶۶			3b		
4	Describe in Part XIV the intended uses of th	e organızatıon's end	owm	ent f	ınds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X	, line	e 10.	T				
	Description of property					or other estment)	(b) Cost or oth basıs (other)		(c) Accumulated depreciation	(d) Bo	ook value
1a	Land						1,446,1	192			1,446,192
b	Buildings						12,954,8	353	343,252	1	2,611,601
c	Leasehold improvements						66,1	171			66,171
d	Equipment						3,272,9	943	2,163,329		1,109,614
	Other	<u> </u>	<u>. </u>								
Tota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	nn (B), lıne	10(c).) .			▶	1	5,233,578
									Schedule D (Form 9	990) 2011

Part VIII Investments—Other Securities. 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
(1)Financial derivatives		,
(2)Closely-held equity interests		
Other		
	+	
	•	
Part VIII Investments—Program Related. Se	e 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) HTM INVESTMENT SECURITIES	845,255,776	C
(2) DEPOSITS IN CORPORATE CREDIT UNIONS	242,964,988	C
(3) TRUST FOR CREDIT UNIONS MUTUAL FUNDS	61,234,061	F
(4) CUSO INVESTMENTS	380,000	C
(5) AFS FEDERAL AGENCY SECURITIES	41,430,439	F
(6) FEDERAL RESERVE ACCOUNT	400,000,000	C
(O) TEDERAL RESERVE ACCOUNT	400,000,000	<u> </u>
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	1,591,265,264	
	-///	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, li (a) Descri	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, II	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Described in the control of th	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, In (a) Described (a) Describ	ne 15. ption	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 15.) X, line 25. (b) Amount	

Part			62.907.510
1 2	Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25)	2	62,807,510 46,273,109
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	16,534,401
4	Net unrealized gains (losses) on investments	4	642,929
5	Donated services and use of facilities	5	
6 7	Investment expenses Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	563,089
9	Total adjustments (net) Add lines 4 - 8	9	1,206,018
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	17,740,419
1	Reconciliation of Revenue per Audited Financial Statements With Revenue Total revenue, gains, and other support per audited financial statements	1 1	eturn
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a b	Net unrealized gains on investments		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е 3	Add lines 2a through 2d	2e 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)	4c	
с 5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expens	es per	Return
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		
a b	Donated services and use of facilities		
c	Other losses		
d	Other (Describe in Part XIV)		
е 3	Add lines 2a through 2d	2e 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b c	Other (Describe in Part XIV)	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	
	t XIV Supplemental Information	D 111/	
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet tional information		
auuit	Identifier Return Reference Explan	ation	
	RIPTION OF UNCERTAIN PART X THE FIN 48 FOOTNOTE INCLU		
IAXP	OSITIONS UNDER FIN 48 UNION'S JUNE 30, 2011 AUDIT STATEMENTS IS AS FOLLOWS	THE CR	EDIT UNION IS
	EXEMPT FROM FEDERAL INCOM PROVISIONS OF THE INTERNA	LREVEN	NUE CODE SECTION
	501 THE STATE OF ALABAMA TAX ON THE TAXABLE INCOME	OFSTA	TE CHARTERED
	CREDIT UNIONS BASED ON THE PROVISIONS OF FASB ASC 74		
	ASSOCIATED WITH UNCERTAI POSITIONS (FORMERLY FIN 48		
	INITIALLY NEED TO BE RECOG STATEMENTS WHEN IT IS MOR	NIZED I	N THE FINANCIAL
	POSITIONS WILL BE SUSTAINE THE TAX AUTHORITIES SUCH	ED UPON	I EXAMINATION BY
	AND SUBSEQUENTLY NEED TO	ВЕ МЕА	SURED AS THE
	LARGEST AMOUNT OF TAX BEN THAN 50% LIKELIHOOD OF BE	ING REA	LIZED UPON
	ULTIMATE SETTLEMENT WITH ASSUMING FULL KNOWLEDGE	OFTHER	POSITION AND
	RELEVANT FACTS BASED ON TMANAGEMENT HAS ASSESSED		,
	UNCERTAIN TAX POSITIONS T INCOME TAX LIABILITIES AND		
	A STATE-CHARTERED CREDIT IS SUBJECT TO UNRELATED BU		
	CREDIT UNION IS A STATE-CH DESCRIBED IN INTERNAL REV		
	501(C)(14) AS SUCH, THE CRE FROM FEDERAL TAXATION OF		
	THE PERFORMANCE OF ACTIV	ITIES TH	HAT ARE IN
	SECTION 511 IMPOSES A TAX BUSINESS INCOME (AS DEFIN	ON THE	UNRELATED
	DERIVED BY STATE-CHARTER	ED CRED	IT UNIONS THE
	SPECIFIC APPLICATION OF SE VARIOUS ACTIVITIES CONDU	CTED BY	STATE-
	CHARTERED CREDIT UNIONS I	E-CHART	ERED CREDIT
	UNIONS AND THE IRS FOR MAI THE INTERNAL REVENUE SERV	ICE (IRS	S) ISSUED A SERÍES
	OF TECHNICAL ADVICE MEMO OF STATE-CHARTERED CREDI	TUNION	SLOCATED
	THROUGHOUT THE COUNTRY RULED CERTAIN PRODUCTS A	ND SERV	ICES TO BE
	SUBJECT TO TAXATION AS UN INCOME CERTAIN CREDIT UN		
	THE IRS TAM RULINGS IN COU HAVE BEEN IN FAVOR OF THE		
	CREDIT UNION HAS ASSESSED POTENTIAL FEDERAL INCOME	ITSAC	TIVITIES AND ANY
	MANAGEMENT BELIEVES THAT SUPPORT FOR THE INCOME TA	IT HAS	APPROPRIATE
	TO BE TAKEN ON ITS TAX RET	URNS BA	SEDONAN
	ASSESSMENT OF MANY FACTO AND INTERPRETATIONS OF TA FACTS OF EACH MATTER IN T	X LAWS	APPLIED TO THE
	MANAGEMENT, ANY LIABILITY	ARISIN	G FROM FEDERAL
	TAXATION OF ACTIVITIES DE ITS EXEMPT PURPOSES IS NO	LEXPEC.	TED TO HAVE A
	MATERIAL EFFECT ON THE CRI POSITION OR RESULTS OF OP	ERATIO	NS THE CREDIT
	UNION HAS CONCLUDED THAT SIGNIFICANT UNCERTAIN TAX	(POSITI	ONS REQUIRING
	DISCLOSURE, AND THERE ARE UNRECOGNIZED TAX BENEFIT	S REQUI	RING RECOGNITION
	IN THE FINANCIAL STATEMEN AUTHORITIES HAVE THE ABIL	ITY TO A	ASSESS TAXES,
	PENALTIES AND INTEREST FO TAX RETURN WAS FILED IN TH		
	MANAGEMENT, THE POTENTIAL POTENTIAL ADDITIONAL LIAE	LTAX L	IABILITY AND ANY
	TAXING AUTHORITIES IMPOSI	ING TAX	ES, PENALTIES, AND
	A MATERIAL EFFECT ON THE CONTROL POSITION OR RESULTS OF OP	REDIT	NION'S FINANCIAL
	ON AN ANNUAL BASIS, THE AL	ABAMA	CREDIT UNION
	ADMINISTRATION AND/OR TH ADMINISTRATION PERFORM A	REGULA	ATO RY
	EXAMINATION OF THE FINANCE SAFETY AND SOUNDNESS OF TARREST AND SOUNDNES	HE CRE	DIT UNION
	ADDITIONALLY, THE CREDIT U STATEMENTS ARE AUDITED BY	AN INC	DEPENDENT
	ACCOUNTANT AS OF JUNE 30 ACCORDANCE WITH GENERAL		
	PRINCIPLES FOR DEPOSITORY INSTITUTIONS AS A LENDING	AND LE	NDING FINANCIAL
	FINANCIAL INSTITUTION, THE REQUIRED TO PREPARE IT'S F.	CREDIT	T UNION IS NOT
	ACCORDANCE WITH SFAS 117		C. AT EPIENT S IN

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury 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, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	ot	the	orga	anıza	tion
APCO E	MPI	OYE	ES CI	REDIT	UNION

Employer identification number

63-0328360

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
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			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior
		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation		compensation	penents	(B)(ı)-(D)	Form 990 or Form 990-EZ	
(1) MERRILL MANN (1	ı) 11)	215,427 0	0 0	675 0	59,528 0	14,416 0	290,046 0	o 0
(2) DERRICK (I	ı) II)	123,030 0	0 0	439 0	18,313 0	8,960 0	150,742 0	0 0
(3) LARRY MORGAN (I	ı) 11)	0 0	0	119,728 0	0	0	119,728 0	0 0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	4B	THE CREDIT UNION SPONSORS THE APCO EMPLOYEES CREDIT UNION EXECUTIVE PLAN THE PLAN IS AN AGREEMENT BETWEEN THE CREDIT UNION AND SELECTED MEMBERS OF MANAGEMENT AND IS CONSIDERED A NON-QUALIFIED AND UN-FUNDED ARRANGEMENT MAINTAINED PRIMARILY TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS FOR THE MEMBERS OF MANAGEMENT

Schedule J (Form 990) 2011

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2011

Open to Public Inspection

Name of the organization APCO EMPLOYEES CREDIT UNION							E	Employer identification number					
APCO EMPI	LOYEES CREDIT UNION							6	3-03283	60			
Part I	Excess Benefit Tran							organı	zations	only).			
	Complete if the organizat	ion ans	wered "	Yes" on Fori	m 990, F	art IV, line 25a c	or 25b,	or Form	990-EZ <u>,</u>	Part V , lı	ne 40b		
_	(a) Name of disqu	ualifiad	norcon			(1) 5						(c)	
1	(a) Name of disqu	uanneu	person			(b) Desc	ription	or trans	action		Corrected Yes No		
											165	110	
2 Ente	r the amount of tax impose	ed on tl	ne organ	nization man	agers or	disqualified persi	ons dur	ına the v	ear unde	r			
	ion 4958									·			
3 Ente	r the amount of tax, if any,	, on line	2, abo	ve, reimburs	ed by th	e organization .			🕨	- \$			
D													
Part II	Loans to and/or F Complete if the organiz					Part IV line 26	or For	m 990-F	7 Part V	' line 38	a		
	complete if the organiz			1 103 0111	01111 5 5 0	, r dre r v , ime 20	, 01 1 011	11 3 3 0 1	(f)		<u>"</u>		
(a) Nama	of interested person and		oan to m the	(c)0 rig	unal.		(e)	In	Approv	ved	(g)Written		
(a) Name	purpose		zation?	principal a		(d)Balance due	defau	lt?	by boar commit		agreeme	nt?	
		То	From	' '			Yes	No Yes		No	Yes	No	
		10	FIOIII				165	140	res	NO	165	NO	
								1					
								1					
otal .					▶ \$	•							
art III					ested I	Persons.							
	Complete if the orga	nızatıd	n ansv	vered "Yes	" on Fo	rm 990, Part IV	', line 2	27.					
(a) Name of interested pers	οn	(1			en interested per	son	(c)Am	nount of a	rant or ty	pe of assis	stance	
	, manie or interested pers			an	nd the or	ganızatıon		(-)/ \			- PC 01 4331.		
			_										
							+						
			_										
			1				- 1						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of	(d) Description of transaction	organiz	aring of zation's nues?	
	organization	transaction		Yes	No	
(1) LARRY MORGAN	FORMER PRESIDENT/CEO		THE CREDIT UNION'S FORMER PRESIDENT/CEO, LARRY MORGAN, IS THE DIRECTOR OF THE ALABAMA CREDIT UNION ADMINISTRATION WHICH IS THE CREDIT UNION'S PRIMARY REGULATOR		No	
(2) MERRILL MANN	PRESIDENT/CEO		THE CREDIT UNION'S PRESIDENT/CEO IS ON THE BOARD OF DIRECTORS OF CORPORATE AMERICA CREDIT UNION IN WHICH THE CREDIT UNION ROUTINELY MAKES DEPOSITS AND RECEIVES DEPOSITS MANAGEMENT BELIEVES ALL TRANSACTIONS WERE MADE IN THE ORDINARY COURSE OF BUSINESS ON THE SAME TERMS AS COMPARABLE TRANSACTIONS WITH OTHER MEMBERS		No	
					-	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Supplemental Information to Form 990 or 990-EZ

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

DLN: 93493320090622 OMB No 1545-0047

Inspection

Name of the organization APCO EMPLOYEES CREDIT UNION

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Employer identification number

		63-0328360
ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	THE CHAIRMAN OF THE BOARD OF DIRECTORS AND CHAIRPERSON OF THE SUPERVISORY COMMITTEE ARE HUSBAND AND WIFE
	FORM 990, PART VI, SECTION A, LINE 6	ALABAMA BANKING CODE, SECTION 5-17-5 STATES THAT, "CREDIT UNION MEMBERSHIP SHALL CONSIST OF THE INCORPORATORS AND SUCH OTHER PERSONS AS MAY BE ELECTED TO MEMBERSHIP AND WHO SUBSCRIBE TO AT LEAST ONE SHARE AND PAY THE INITIAL INSTALLMENT THEREON AND THE ENTRANCE FEE ORGANIZATIONS, INCORPORATED OR OTHERWISE, COMPOSED FOR THE MOST PART OF THE SAME GENERAL GROUP AS THE CREDIT UNION MEMBERSHIP MAY BE MEMBERS CREDIT UNION ORGANIZATION SHALL BE LIMITED TO GROUPS, OF BOTH LARGE AND SMALL MEMBERSHIP, HAVING A COMMON BOND OF OCCUPATION OR ASSOCIATION OR TO GROUPS WITHIN A WELL- DEFINED NEIGHBORHOOD, COMMUNITY OR RURAL DISTRICT "APCO EMPLOYEES CREDIT UNION, AN ALABAMA STATE CHARTERED CREDIT UNION, WAS ESTABLISHED TO PROVIDE THESE SERVICES TO ITS MEMBERS WHO ARE EMPLOYEES AND THEIR RELATIVES OF ALABAMA POWER COMPANY THE CREDIT UNION'S MEMBERSHIP ALSO INCLUDES AFFILIATES OF ALABAMA POWER AND SELECTED EMPLOYEE GROUPS WITHIN THE REGION AS OF DECEMBER 31, 2011, THE CREDIT UNION PROVIDED SERVICES TO APPROXIMATELY 65,302 MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7A	ALABAMA BANKING CODE, SECTION S-17-10 STATES THAT, "AT THE ANNUAL MEETING, THE CREDIT UNION SHALL BLECT A BOARD OF DIRECTORS OF NOT LESS THAN FIVE MEMBERS, A CREDIT COMMITTEE OF NOT LESS THAN THEME MEMBERS AND A SUPERVISORY COMMITTEE OF THREE MEMBERS, ALL TO HOLD OFFICE FOR SUCH TERMS RESPECTIVELY AS THE BYLAWS PROVIDE AND UNTIL SUCCESSORS QUALITY A RECORD OF THE NAMES AND ADDRESSES OF THE MEMBERS OF THE THE BOARD AND COMMITTEES AND THE OFFICERS SHALL BEFLED WITH THE ADMINISTRATION OF THE ALABAMA CREDIT UNION ADMINISTRATION WITHIN 10 DAYS OF THER ELECTION IF, HOWEVER, THE BYLAWS SO PROVIDE THE BOARD ADMINISTRATION WITHIN 10 DAYS OF THE PLECTIONS AND DUTIES OF THE REDOT COMMITTEE AND THE CREDIT UNION ADMINISTRATION WITHIN 10 DAYS OF THE PLECTIONS AND DUTIES OF THE REDOT COMMITTEE AND THE CREDIT UNION ADMINISTRATION WITHIN 10 DAYS ON THE PURCHING SHALL NOT BEEN AND DUTIES OF THE REDOT COMMITTEE AND THE RESOLUTION SHALL NOT BLECT A CREDIT COMMITTEE." THE BYLAWS OF A PCO EMPLOYES CREDIT UNION GOVERNING BLECTION ARE AS FOLLOWS SECTION 1 AT LEAST THEIRY (30) DAYS PROOF TO BE CATEDIT UNION GOVERNING BLECTION ARE AS FOLLOWS SECTION 1 AT LEAST THEIRY (30) DAYS PROOF THE BOARD OF DIRECTORS) SHALL APPOINT A NORMATING COMMITTEE OF ONT LESS THAN THE CATEDITY. THE CHARMAND OF THE BOARD OF DIRECTORS SHALL APPOINT SUCH NORMATING COMMITTEE THE PRESIDENT IS NOT A MEMBER OF THE BOARD OF DIRECTORS SHALL APPOINT SUCH NORMATING COMMITTEE FOR WHICH THE CHARMAND OF THE BOARD OF DIRECTORS. IT SHALL BE THE DUTY OF THE NORMATING COMMITTEE TO NORMATING THE AND SHE PRESIDENCE OF THE RESOLUTION OF THE PRESIDENT IS NOT A MEMBER OF THE BOARD OF DIRECTORS. IT HE PRESIDING OFFICER SHALL CALL NORMATING COMMITTEE TO NORMATING THE ADDITION OF THE NORMATING COMMITTEE TO NORMATING THE ADDITION OF THE NORMATING COMMITTEE TO NORMATING THE ADDITION OF THE NORMATING SHALL BE CENTRED BY THE BOARD OF DIRECTORS OF THE CREDIT OR AND SHALL BE DISTRIBUTED AND THE PRESIDENT OF THE ADDITION OF THE NORMATING SHALL BE CONTROLLED BY THE AND SHALL BE CONTROLLED BY
	FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING TYPES OF DECISIONS ARE SUBJECT TO APPROVAL BY THE CREDIT UNION'S MEMBERS ELECTION & TERMINATION OF BOARD MEMBERS AND SUPERVISORY COMMITTEE MEMBERS, EXPULSION OF CREDIT UNION MEMBERS, CONVERSION FROM STATE TO FEDERAL CHARTER, AND MERGER DECISIONS
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT PERFORMS A REVIEW OF THE 990 PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 15A	MANAGEMENT'S COMPENSATION IS SET BY THE CREDIT UNION'S BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE CREDIT UNION'S FINANCIAL STATEMENTS CAN BE FOUND ON THE WEBSITE OF THE NCAU AT WWW NCUA GOV
CHANGES IN NET ASSETS OR FUND BALANCES	PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 642,929 CHANGE IN OTHER COMPREHENSIVE INCOME 563,089 TOTAL TO FORM 990, PART XI, LINE 5 1,206,018
	FORM 990, PART XII, LINE 2B	ON AN ANNUAL BASIS, THE ALABAMA CREDIT UNION ADMINISTRATION AND/OR THE NATIONAL CREDIT UNION ADMINISTRATION PERFORM A REGULATORY EXAMINATION OF THE FINANCIAL STATEMENTS AND SAFETY ANI SOUNDNESS OF THE CREDIT UNION ADDITIONALLY, THE CREDIT UNION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT AS OF JUNE 30 EACH YEAR
	FORM 990, PART XII, LINE 2C	THE CREDIT UNION'S HAS A SUPERVISORY COMMITTEE THAT IS RESPONSIBLE FOR ENSURING THAT THE BOARD OF DIRECTORS AND MANAGEMENT OF THE CREDIT UNION - (1) MEET REQUIRED FINANCIAL REPORTING OBJECTIVES AND (2) ESTABLISH PRACTICES AND PROCEDURES SUFFICIENT TO SAFEGUARD MEMBERS' ASSETS THIS INCLUDES OVERSEEING THE ANNUAL FINANCIAL STATEMENT AUDIT AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT