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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)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TRAVIS CREDIT UNION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2069 City or town, state or country, and ZIP + 4 VACAVILLE, CA 95696	D Employer identification number 94-1242831 E Telephone number (707) 469-1671 G Gross receipts \$ 111,496,535
F Name and address of principal officer PATSY VAN OUWERKERK PO BOX 2069 VACAVILLE, CA 95696		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (14) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW TRAVISCU ORG		
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶ CREDIT UNION		L Year of formation 1951 M State of legal domicile CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS AMONG ITS MEMBERS		
2	Check this box <input type="checkbox"/> 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)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	553
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	415,275
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-100,138
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,441,637	86,505,891
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,067,069	14,808,870
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,403,967	267,117
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	103,912,673	101,581,878
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	10,000
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	28,330,466	31,304,576
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	51,673,728	48,612,696
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	80,004,194	79,927,272
19	Revenue less expenses Subtract line 18 from line 12	23,908,479	21,654,606
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,798,432,819	1,920,132,626
22	Net assets or fund balances Subtract line 21 from line 20	1,620,945,331	1,721,358,106
		177,487,488	198,774,520

Part II Signature Block

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.

Sign Here	***** Signature of officer	2012-07-31 Date	
	PATSY VAN OUWERKERK CEO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ VALENTINO CREUS CPA	Date	Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) P01054153
	Firm's name (or yours if self-employed), address, and ZIP + 4 TURNER WARREN HWANG & CONRAD ACCTCY 100 NORTH FIRST ST STE 202 BURBANK, CA 91502		EIN ▶ 95-4083485 Phone no ▶ (818) 954-9700

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT ANDSAVINGS AMONG ITS MEMBERS, CREATING A SOURCE OF CREDIT FOR THEM AT RATES OF INTEREST SET BY THE BOARD OF DIRECTORS, AND PROVIDING AN OPPORTUNITY FOR THEM TO USE AND CONTROL THEIR OWN MONEY ON A DEMOCRATIC BASIS IN ORDER TO IMPROVE THEIR ECONOMIC AND SOCIAL CONDITIONS AS A COOPERATIVE, TRAVIS CREDIT UNION CONDUCTSITS BUSINESS FOR THE MUTUAL BENEFIT AND GENERAL WELFARE OF ITSMEMBERS WITH THE EARNINGS, SAVINGS, BENEFITS, OR SERVICES OF THE CREDIT UNION BEING DISTRIBUTED TO ITS MEMBERS AS PATRONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 (Code) (Expenses \$ including grants of \$) (Revenue \$)
 TRAVIS CREDIT UNION PROVIDES A VARIETY OF LOANS INCLUDING AUTO, MORTGAGES, CREDIT CARD, SMALL BUSINESS AND UNSECURED AT COMPETITIVE RATES FOR OUR MEMBERSHIP, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 TRAVIS CREDIT UNION PROVIDES A VARIETY OF SAVINGS ACCOUNTS INCLUDING SAVINGS, DEMAND, MONEY MARKET, CERTIFICATES AND INVESTMENTS AT COMPETITIVE RATES, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 TRAVIS CREDIT UNION PROVIDES FINANCIAL SERVICES TO OUR MEMBERSHIP WHICH ARE SMALL BUSINESS OWNERS DEVELOPING THEIR OWN BUSINESSES IN THE COMMUNITY THESE MEMBERS PROVIDE VALUED SERVICES AND EMPLOYMENT TO OUR COMMUNITY MEMBERS THEREBY PROVIDING FUTURE GROWTH AND A STRONGER QUALITY OF LIFE

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$

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)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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 "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> 		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? <i>If "Yes," complete Schedule D, Part II</i> 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		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? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 		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		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	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? <i>If "Yes," complete Schedule D, Part VII.</i> 		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	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? <i>If "Yes," complete Schedule D, Part IX.</i> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	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)? <i>If "Yes," complete Schedule D, Part X.</i> 	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I</i>		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 ? <i>If "Yes," complete Schedule F, Part II and IV</i>		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 ? <i>If "Yes," complete Schedule F, Part III and IV</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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		

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	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)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

Part VI 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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (9), 2 (No), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
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 [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. MARTIN FLEISCHER CPA, PO BOX 2069, VACAVILLE, CA 95696, (707) 469-1671

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- 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 nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CURT NEWLAND BOARD CHAIRPERSON	1 00	X					3,760	0	0	
(2) PATRICIA MORENO BOARD VICE CHAIRPERSON	1 00	X					2,548	0	0	
(3) TOM KULINSKI TREASURER	1 00	X					608	0	0	
(4) MARY COBURN SECRETARY	1 00	X					3,718	0	0	
(5) LEN AUGUSTINE BOARD MEMBER	1 00	X					0	0	0	
(6) TIM TRUESDALE BOARD MEMBER	1 00	X					833	0	0	
(7) ANN ROLLIN BOARD MEMBER	1 00	X					0	0	0	
(8) DEBORAH ASPLING BOARD MEMBER	1 00	X					4,091	0	0	
(9) DEE ALARCON BOARD MEMBER	1 00	X					1,417	0	0	
(10) ARTURO REYES SUPV CMTE CHAIR	1 00	X					2,737	0	0	
(11) JOHANNA BENKER SUPV CMTE MEMBER	1 00	X					0	0	0	
(12) THOMAS WATKINS SUPV CMTE MEMBER	1 00	X					0	0	0	
(13) PATSY VAN OUWERKERK PRESIDENT/CEO	40 00			X			710,635	0	35,261	
(14) LILA DRESSEN EVP	40 00			X			318,588	0	41,934	
(15) BARRY NELSON SVP/COO	40 00			X			241,661	0	39,336	
(16) NAVNEET KHANNA SVP/CFO	40 00			X			209,837	0	44,411	
(17) RICHARD ROARK SVP/CIO	40 00			X			202,942	0	20,598	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARIC N KOSHIYAMA SR FINANCIAL CONSULTANT	40 00				X			232,363	0	23,741
(19) DAVID PURCELL VP BUSINESS AND RE LENDING	40 00				X			175,762	0	33,655
(20) GLORIA NUNEZ VP OPERATIONS	40 00				X			174,260	0	38,522
(21) CHRIS DANIELS VP ADMINISTRATION	40 00				X			171,512	0	18,323
(22) CATHY RIOS VP MARKETING	40 00				X			165,322	0	39,760
(23) STACY FIFIELD VP CONSUMER LENDING	40 00					X		147,407	0	23,278
(24) STEVEN LANGLEY VP SALES AND SERVICE	40 00					X		146,973	0	33,293
(25) MISUN THOMPSON VP COLLECTIONS	40 00					X		134,480	0	35,123
(26) CRAIG BEAUDRY AVP IT OPERATIONS	40 00					X		132,729	0	23,568
(27) CRAIG CRISMON AVP IT NETWORK	40 00					X		130,547	0	31,010
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,314,730	0	481,813

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **28**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	2a	INTEREST ON LOANS	Business Code 522100	65,467,920	65,467,920		
	b	OTHER OPERATING INCOME	522100	12,177,690	12,154,874	22,816	
	c	FEE INCOME	522100	8,860,281	8,467,822	392,459	
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		86,505,891			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		14,994,943	14,994,943		
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	8,983,666	744,918	
	b	Less cost or other basis and sales expenses	8,889,048	1,025,609			
c	Gain or (loss)	94,618	-280,691				
d	Net gain or (loss) ▶		-186,073	-186,073			
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
b	Less direct expenses b						
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
11a	OTHER NON-OPERATING IN	522100	267,117	267,117			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		267,117				
12	Total revenue. See Instructions ▶		101,581,878	101,166,603	415,275	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

Do not include amounts reported on lines 6b, 7b, 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	10,000			
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,314,730			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	21,109,365			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,028,819			
9	Other employee benefits	3,903,563			
10	Payroll taxes	1,948,099			
11	Fees for services (non-employees)				
a	Management				
b	Legal	185,729			
c	Accounting	91,730			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	741,496			
12	Advertising and promotion	2,658,495			
13	Office expenses	8,001,853			
14	Information technology	2,695,642			
15	Royalties				
16	Occupancy	3,930,288			
17	Travel	580,343			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	9,191,800			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,279,843			
23	Insurance	4,136,223			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PROV FOR LOAN LOSSES	6,566,758			
b	LOAN SERVICING EXPENSE	5,211,852			
c	MISC OPERATING EXPENSES	1,177,625			
d	OPERATING FEES	152,294			
e					
f	All other expenses	10,725			
25	Total functional expenses. Add lines 1 through 24f	79,927,272			
26	Joint costs. Check here <input type="checkbox"/> 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
Assets	1 Cash—non-interest-bearing	9,901,605	1	12,127,969
	2 Savings and temporary cash investments	124,651,533	2	89,555,204
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	4,231,878	5	5,371,937
	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 Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,995,137	9	2,100,527
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	68,846,497		
	b Less accumulated depreciation	32,598,210	10c	36,248,287
	11 Investments—publicly traded securities	478,015,039	11	802,706,858
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	1,124,331,133	13	949,347,113
	14 Intangible assets	1,644,332	14	1,360,081
	15 Other assets See Part IV, line 11	16,129,187	15	21,314,650
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,798,432,819	16	1,920,132,626	
Liabilities	17 Accounts payable and accrued expenses	10,680,337	17	13,224,558
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	1,610,264,994	25	1,708,133,548
	26 Total liabilities. Add lines 17 through 25	1,620,945,331	26	1,721,358,106
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	177,487,488	32	198,774,520
33 Total net assets or fund balances	177,487,488	33	198,774,520	
34 Total liabilities and net assets/fund balances	1,798,432,819	34	1,920,132,626	

Part XI Reconciliation of Net Assets

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	101,581,878
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,927,272
3	Revenue less expenses Subtract line 2 from line 1	3	21,654,606
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	177,487,488
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-367,574
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	198,774,520

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 94-1242831

Name: TRAVIS CREDIT UNION

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION

Employer identification number 94-1242831

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement 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 and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,709,681		5,709,681
b Buildings		34,165,889	9,623,642	24,542,247
c Leasehold improvements		7,250,681	4,910,020	2,340,661
d Equipment		21,720,246	18,064,548	3,655,698
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				36,248,287

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	101,581,878
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	79,927,272
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,654,606
4	Net unrealized gains (losses) on investments	4	-367,574
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-367,574
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,287,032

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	101,426,362
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	101,426,362
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	155,515
c	Add lines 4a and 4b	4c	155,515
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	101,581,877

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	79,771,757
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	79,771,757
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	Other (Describe in Part XIV)	4b	155,515
c	Add lines 4a and 4b	4c	155,515
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	79,927,272

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FASB ACCOUNTING STANDARDS CODIFICATION 740-10-65, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR FOR THE YEAR ENDED DECEMBER 31, 2011, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS
PART XII, LINE 4B - OTHER ADJUSTMENTS		ITEMS RECLASSIFIED BETWEEN REVENUE AND EXPENSE 155,515
PART XIII, LINE 4B - OTHER ADJUSTMENTS		ITEMS RECLASSIFIED BETWEEN REVENUE AND EXPENSE 155,515

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I Questions Regarding Compensation

- 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
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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

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 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

a The organization?

b Any related organization?

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

a The organization?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATSY VAN OUWERKERK	(i) (ii)	429,615 0	75,191 0	205,829 0	20,500 0	14,761 0	745,896 0	0 0
(2) LILA DRESSEN	(i) (ii)	272,770 0	38,693 0	7,125 0	20,500 0	21,434 0	360,522 0	0 0
(3) BARRY NELSON	(i) (ii)	204,038 0	24,390 0	13,233 0	18,676 0	20,660 0	280,997 0	0 0
(4) NAVNEET KHANNA	(i) (ii)	181,425 0	21,913 0	6,499 0	17,531 0	26,880 0	254,248 0	0 0
(5) RICHARD ROARK	(i) (ii)	172,542 0	20,844 0	9,556 0	1,950 0	18,648 0	223,540 0	0 0
(6) ARIC N KOSHIYAMA	(i) (ii)	33,021 0	199,299 0	43 0	10,346 0	13,395 0	256,104 0	0 0
(7) DAVID PURCELL	(i) (ii)	150,234 0	16,703 0	8,825 0	16,090 0	17,565 0	209,417 0	0 0
(8) GLORIA NUNEZ	(i) (ii)	148,023 0	15,956 0	10,281 0	15,949 0	22,573 0	212,782 0	0 0
(9) CHRIS DANIELS	(i) (ii)	147,487 0	15,455 0	8,570 0	15,552 0	2,771 0	189,835 0	0 0
(10) CATHY RIOS	(i) (ii)	142,542 0	15,421 0	7,359 0	15,587 0	24,173 0	205,082 0	0 0
(11) STACY FIFIELD	(i) (ii)	127,774 0	13,172 0	6,461 0	14,647 0	8,631 0	170,685 0	0 0
(12) STEVEN LANGLEY	(i) (ii)	124,175 0	13,437 0	9,361 0	14,765 0	18,528 0	180,266 0	0 0
(13) MISUN THOMPSON	(i) (ii)	116,163 0	12,293 0	6,024 0	14,354 0	20,769 0	169,603 0	0 0
(14) CRAIG BEAUDRY	(i) (ii)	123,580 0	8,863 0	286 0	5,041 0	18,527 0	156,297 0	0 0
(15) CRAIG CRISMON	(i) (ii)	120,052 0	8,808 0	1,687 0	6,341 0	24,669 0	161,557 0	0 0

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
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION

Employer identification number 94-1242831

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CHRIS DANIELS	VP ADMIN	14,210	RENT PAID TO ENTITY FOR WHICH CHRIS DANIELS IS A BOARD MEMBER		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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Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CURT NEWLAND FIRST MORTGAGE		X	262,000	222,643		No	Yes		Yes	
CURT NEWLAND HOME EQUITY		X	120,000	102,025		No	Yes		Yes	
TOM KULINSKI CREDIT CARD		X	0	3,556		No	Yes		Yes	
MARY COBURN CREDIT CARD		X	0	64		No	Yes		Yes	
ARTURO REYES CREDIT CARD		X	0	12,083		No	Yes		Yes	
PATSY VAN OUWERKERK FIRST MORTGAGE		X	503,000	396,296		No	Yes		Yes	
PATSY VAN OUWERKERK HOME EQUITY LINE		X	0	333,431		No	Yes		Yes	
PATSY VAN OUWERKERK CREDIT CARD		X	0	18,038		No	Yes		Yes	
LILA DRESSEN FIRST MORTGAGE		X	240,000	13,593		No		No	Yes	
BARRY NELSON FIRST MORTGAGE		X	286,000	201,048		No		No	Yes	
BARRY NELSON HOME EQUITY		X	0	12,662		No		No	Yes	
BARRY NELSON AUTOMOBILE		X	25,579	6,362		No		No	Yes	
RICHARD ROARK CREDIT CARD		X	0	4,996		No		No	Yes	
NAVNEET KHANNA FIRST MORTGAGE		X	579,000	550,755		No		No	Yes	
NAVNEET KHANNA CREDIT CARD		X	0	194		No		No	Yes	
DAVID PURCELL FIRST MORTGAGE		X	335,000	257,715		No		No	Yes	
DAVID PURCELL CREDIT CARD		X	0	12,808		No		No	Yes	
GLORIA NUNEZ FIRST MORTGAGE		X	312,800	295,936		No		No	Yes	
GLORIA NUNEZ SECOND MORTGAGE		X	60,000	23,271		No		No	Yes	
GLORIA NUNEZ CREDIT CARD		X	0	3,564		No		No	Yes	
CHRIS DANIELS FIRST MORTGAGE		X	102,097	63,735		No		No	Yes	
CHRIS DANIELS FIRST MORTGAGE		X	340,000	320,934		No		No	Yes	
CHRIS DANIELS HOME EQUITY		X	0	170,916		No		No	Yes	
CHRIS DANIELS AUTOMOBILE		X	15,000	14,244		No		No	Yes	
CHRIS DANIELS CREDIT CARD		X	0	8,662		No		No	Yes	
CATHY RIOS AUTOMOBILE		X	22,049	14,120		No		No	Yes	
CATHY RIOS CREDIT CARD		X	0	13		No		No	Yes	
STEVE LANGLEY FIRST MORTGAGE		X	220,000	207,890		No		No	Yes	
CRAIG BEAUDRY CREDIT CARD		X	0	5,765		No		No	Yes	
STEVE LANGLEY CREDIT CARD		X	0	195		No		No	Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount \$	(d) Balance due \$	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CRAIG CRISMON FIRST MORTGAGE		X	375,000	342,675		No		No	Yes	
STEVE LANGLEY HOME EQUITY		X	0	4,269		No		No	Yes	
CRAIG CRISMON HOME EQUITY		X	0	39,610		No		No	Yes	
PAT MORENO CREDIT CARD		X	0	577		No	Yes		Yes	
ANN ROLLIN CREDIT CARD		X	0	2,070		No	Yes		Yes	
DEE ALARCON CREDIT CARD		X	0	3,942		No	Yes		Yes	
ANN ROLLIN FIRST MORTGAGE		X	138,000	132,784		No	Yes		Yes	
DEBORAH ASPLING FIRST MORTGAGE		X	100,000	100,000		No	Yes		Yes	
JOHANNA BENKER FIRST MORTGAGE		X	255,700	254,419		No	Yes		Yes	
GLORIA NUNEZ SHARE SECURED		X	25,000	22,901		No		No	Yes	
GLORIA NUNEZ CREDIT CARD		X	0	1,553		No		No	Yes	
CHRIS DANIELS AUTOMOBILE		X	8,215	3,306		No		No	Yes	
CATHY RIOS FIRST MORTGAGE		X	541,400	541,400		No		No	Yes	
CATHY RIOS FIRST MORTGAGE		X	206,000	206,000		No		No	Yes	
STACY FIFIELD AUTOMOBILE		X	35,000	32,545		No		No	Yes	
STACY FIFIELD CREDIT CARD		X	0	11,982		No		No	Yes	
MISUN THOMPSON FIRST MORTGAGE		X	405,000	329,873		No		No	Yes	
MISUN THOMPSON AUTOMOBILE		X	13,412	7,434		No		No	Yes	
MISUN THOMPSON CREDIT CARD		X	0	1,891		No		No	Yes	
CRAIG BEAUDRY AUTOMOBILE		X	55,192	55,192		No		No	Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	TRAVIS CREDIT UNION IS A COOPERATIVE FINANCIAL INSTITUTION THAT IS OWNED AND CONTROLLED BY ITS MEMBERS, AND OPERATED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS TO ITS MEMBERS. TRAVIS CREDIT UNION DOES NOT HAVE STOCKHOLDERS.
	FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BOARD OF TRAVIS CREDIT UNION IS COMPRISED OF VOLUNTEER MEMBERS WHO ARE DIRECTLY ELECTED BY ITS MEMBERS. EACH MEMBER OF THE GOVERNING BOARD SERVES FOR A PERIOD AS PRESCRIBED BY OUR BY-LAWS.
	FORM 990, PART VI, SECTION A, LINE 7B	AT THE END OF EACH TERM OF THE BOARD MEMBERS, ELECTIONS ARE HELD AND BOARD MEMBERS ARE VOTED BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS BY-LAWS. MEMBER VOTES ARE ALSO REQUIRED TO RATIFY DECISIONS DEALING WITH REORGANIZATIONS AS IN THE CASE OF MERGER OR DISSOLUTION.
	FORM 990, PART VI, SECTION B, LINE 11	EACH BOARD MEMBER SHALL RECEIVE A COMPLETED DRAFT OF THE FORM 990 FOR REVIEW PRIOR TO FILING EACH YEAR.
	FORM 990, PART VI, SECTION B, LINE 12C	ON A MONTHLY BASIS, MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST OR CONCERNS AND RECUSE THEMSELVES WHEN NECESSARY.
	FORM 990, PART VI, SECTION B, LINE 15	TRAVIS CREDIT UNION PARTICIPATES IN FOUR TO FIVE NATIONAL AND INDUSTRY SPECIFIC SURVEYS TO BENCHMARK BASE SALARY, BONUS AND RETIREMENT BENEFITS FOR ALL KEY EMPLOYEES, SALARIED EMPLOYEES, TO INCLUDE THE CEO, EVP, AND ALL VPS. THESE SURVEYS ARE CONDUCTED AT LEAST ANNUALLY. THE GOVERNING BOARD APPROVES THE CEO'S COMPENSATION PACKAGE AFTER IT HAS BEEN THOROUGHLY REVIEWED AND RECOMMENDED BY THE COMPENSATION COMMITTEE.
	FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY IS INCLUDED IN OUR CORPORATE BYLAWS, OUR GOVERNING DOCUMENTS, WHICH ARE AVAILABLE UPON REQUEST. OUR MONTHLY FINANCIAL STATEMENTS ARE DISPLAYED AT ALL OF OUR BRANCH LOCATIONS AS WELL AS CORPORATE HEADQUARTERS. OUR YEAR END AUDITED FINANCIAL STATEMENTS ARE PRESENTED IN OUR ANNUAL MEETING AND WE FILE OUR CALL REPORTS ON A QUARTERLY BASIS WITH THE NCUA AND DFI.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -367,574
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.