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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:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 TECHNOLOGY CREDIT UNION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2010 NORTH FIRST STREET NO 301

City or town, state or country, and ZIP + 4
 SAN JOSE, CA 95131

D Employer identification number
 94-1651781

E Telephone number
 (408) 451-9111

G Gross receipts \$ 64,848,852

F Name and address of principal officer
 TODD HARRIS
 2010 NORTH FIRST STREET NO 301
 SAN JOSE, CA 95131

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) (14) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWWTECHCU.COM

K Form of organization Corporation Trust Association Other ▶ CREDIT UNION

L Year of formation 1960 **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 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	8
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	301
6 Total number of volunteers (estimate if necessary)	6	11
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	381,277
b Net unrelated business taxable income from Form 990-T, line 34	7b	-399,721

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	58,035,650	53,263,093
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,204,303	8,683,950
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	311,111	40,332
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,551,064	61,987,375

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	1,614
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,803,552	23,815,228
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,237,826	34,304,631
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	59,041,378	58,121,473
19	Revenue less expenses Subtract line 18 from line 12	2,509,686	3,865,902

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,468,952,523	1,559,265,262
21	Total liabilities (Part X, line 26)	1,322,586,179	1,398,572,491
22	Net assets or fund balances Subtract line 21 from line 20	146,366,344	160,692,771

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	2012-11-12 Date
	TODD HARRIS EVP CFO/CAO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	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 Yes No

1 Briefly describe the organization's mission

TECHNOLOGY CREDIT UNION IS A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS 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, TECHNOLOGY CREDIT UNION CONDUCTS ITS BUSINESS FOR THE MUTAL BENEFIT AND GENERAL WELFARE OF ITS MEMBERS 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 \$)
 DURING 2011 TECHNOLOGY CREDIT UNION HAD 72,343 MEMBERS WITH 1,556 MEMBER COMPANIES TO ENHANCE MEMBERS' EASY ACCESS ANYWHERE AND ANYTIME AT NO COST TO THE MEMBERS, TECH CU PROVIDES ONLINE BANKING SERVICES SOME OF THE FEATURES ARE THE ABILITY TO VIEW ACCOUNT BALANCES, VIEW OR DOWNLOAD ACCOUNT HISTORY, VIEW IMAGES OF CLEARED CHECKS AND VIEW PENDING TRANSACTIONS ALSO, MEMBERS HAVE THE PRIVILEGE TO MAKE OR SCHEDULE PAYMENTS FOR TRANSFER BETWEEN TECH CU ACCOUNTS OR OTHER FINANCIAL INSTITUTIONS MEMBERS CAN ALSO PAY THEIR BILLS USING THE TECH CU BILL PAY ONLINE THE ONLINE BANKING SERVICES ENABLE MEMBERS TO MANAGE THEIR ACCOUNT(S) CONVENIENTLY FROM RECEIVING EMAIL ALERTS ON THE ACCOUNT ACTIVITY CARED MOST ABOUT TO REORDERING A ATM OR CHECK CARD OR CHECKS TO PLACING A STOP PAYMENT ON AN OUTGOING CHECK MEMBERS CAN UPDATE THEIR PROFILE AND GAIN ACCESS TO A SECURED EMAIL TECH CU ONLINE BANKING USES THE MOST ADVANCED ENCRYPTION STANDARDS TO PROTECT ACCOUNTS TO CONDUCT FINANCIAL BUSINESS THE INNOVATIVE LOGIN SECURITY SYSTEM ENSURES PERSONAL ACCESS AND SECURITY OF ACCOUNT INFORMATION

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 TECHNOLOGY CREDIT UNION PROVIDES ATM (AUTOMATED TELLER MACHINE) SERVICES TO MEMBERS THEY CAN ACCESS THEIR BANK ACCOUNT IN ORDER TO MAKE CASH WITHDRAWALS (OR CREDIT CARD CASH ADVANCES) AND CHECK THEIR ACCOUNT BALANCES CONVENIENTLY IN A PUBLIC SPACE WITHOUT THE NEED FOR A HUMAN CLERK OR BANK TELLER

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
 TECHNOLOGY CREDIT UNION PRIVATE BANKING IS A PERSONALIZED SERVICE PROGRAM DESIGNED SPECIFICALLY FOR THEIR MOST FINANCIALLY SUCCESSFUL MEMBERS PRIVATE BANKING MEMBERS ARE ASSIGNED TO A PRIVATE BANKING MANAGER, AN EXPERIENCED CREDIT UNION PROFESSIONAL, WHO SERVES AS PERSONAL RESOURCE AND POINT OF CONTACT FOR ALL THEIR FINANCIAL SERVICES NEEDS THE PRIVATE BANKING MANAGERS PROVIDE PERSONAL, RESPONSIVE, PROFESSIONAL, AND FRIENDLY SERVICE WHILE ENSURING THE SECURITY AND CONFIDENTIALITY OF EVERY FINANCIAL TRANSACTION THEY ALSO ACT AS LIAISONS, CONNECTING THEIR MEMBERS WITH THE BEST FINANCIAL EXPERTS IN INVESTING, REAL ESTATE LENDING AND CONSUMER LENDING IN ADDITION, PRIVATE BANKING MEMBERS ARE ENTITLED TO A WEALTH OF BENEFITS INCLUDING ESTATE PLANNING AND TRUST SERVICES AT A SPECIALLY DISCOUNTED RATE, TAX PLANNING AND PREPARATION, LOAN RATE DISCOUNTS AND PRIORITY PROCESSING OF ALL LOANS, SPECIAL PRIVATE BANKING SEMINARS AND EVENTS, EXCLUSIVE PRIVATE BANKING NEWSLETTER, PREFERRED RATE MEMBERSHIP TO THE SILICON VALLEY CAPITAL CLUB, AND NO CHECK HOLDS

(Code) (Expenses \$ including grants of \$) (Revenue \$)
 TECHNOLOGY CREDIT UNION OFFERS BUSINESS MEMBERS A WIDE RANGE OF PRODUCTS (SUCH AS BUSINESS SAVINGS ACCOUNT, BUSINESS MONEY MARKET ACCOUNTS, BUSINESS MONEY MARKET PLUS ACCOUNT, BUSINESS BASIC CHECKING, BUSINESS INTEREST CHECKING, BUSINESS CERTIFICATES, BUSINESS CHECK CARDS, BUSINESS AUTO LOAN, BUSINESS LINE OF CREDIT, BUSINESS MASTERCARD - FIA, SBA LOANS, AND ACCOUNT RECEIVABLE LOANS) AND TOOLS NEEDED TO MANAGE BUSINESS TRANSACTIONS AND ACHIEVE THEIR BUSINESS FINANCIAL GOALS IN ADDITION, TECH CU PROVIDES INVESTMENT SERVICES TO MEMBERS WITH PRODUCTS SUCH AS SECURITIES, BONDS, INSURANCE, IRA, 527 PLANS, AND MORE THERE IS ALSO THE RELATIONSHIP REWARDS PROGRAM THAT REWARDS MEMBERS FOR DOING BUSINESS WITH TECH CU

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> 		No
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>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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>	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>	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>	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>	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>	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>	28c		No
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. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (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 Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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, 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: NATALIA LAU, 2010 NORTH FIRST STREET SUITE 301, SAN JOSE, CA 95131, (408) 467-6928.

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) MICAL BRENZEL CHAIRMAN	2 00	X						0	0	0
(2) PETER DONAHOWER VICE-CHAIRMAN	2 00	X						0	0	0
(3) ROBERT BYLIN DIRECTOR	2 00	X						0	0	0
(4) JOHN WEDGWOOD DIRECTOR	2 00	X						0	0	0
(5) BOB HOWARD-ANDERSON DIRECTOR	2 00	X						0	0	0
(6) LLOYD KOHN DIRECTOR	2 00	X						0	0	0
(7) JOE SHEPELA DIRECTOR	2 00	X						0	0	0
(8) JOHN PAUL BRUNO DIRECTOR	2 00	X						0	0	0
(9) TOM HALL SUPV CMTE MEMBER	2 00	X						0	0	0
(10) BOB LUONG SUPV CMTE MEMBER	1 00	X						0	0	0
(11) JAMES KOHNEN SUPV CMTE MEMBER	1 00	X						0	0	0
(12) BARBARA BALDWIN KAMM CEO/BOARD TREASURER & SECRETARY	40 00	X		X				509,805	0	173,765
(13) TODD MARSHALL HARRIS EVP CFO/CAO	40 00			X				289,397	0	38,820
(14) JOSEPH ANZALONE EVP CHIEF BANK OFFICER	40 00			X				42,279	0	0
(15) LESLIE DEE JEFFRIES SVP INFORMATION TECHNOLOGY	40 00				X			201,665	0	18,525
(16) MICHAEL KENT LUCKIN SVP ENTERPRISE RISK MANAGEMENT	40 00				X			183,730	0	34,639
(17) JEANNINE JACOBSEN SVP HUMAN RESOURCES	40 00				X			181,186	0	15,147

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) M ANGELES HERNANDEZ SVP LOAN ADMIN	40 00				X			180,263	0	17,645
(19) HERMAN WHITE SVP BUSINESS BANKING	40 00				X			179,253	0	8,219
(20) JEANNIE N SUGAOKA SVP SUPPORT SERVICES	40 00				X			175,947	0	22,231
(21) HAROLD ROUNDTREE SVP RETAIL BANKING (FORMER)	40 00				X			192,631	0	29,818
(22) BRANDON THOMPSON SVP WEALTH MANAGEMENT (FORMER)	40 00				X			176,773	0	12,890
(23) DEBORAH KRUMWIEDE FNANCIAL ADVISOR	40 00					X		186,243	0	17,669
(24) JENNIFER LEE VP CONTROLLER	40 00					X		150,930	0	10,898
(25) VICTOR SMILGYS VP ENTERPRISE APPLICATIONS	40 00					X		149,728	0	18,998
(26) RICHARD HANZ FIRST VP TREASURY & STRATEGIC PLANNING	40 00					X		145,609	0	34,361
(27) LAURA CAIRNS VP FRAUD MANAGEMENT	40 00					X		145,839	0	20,223
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,091,278	0	473,848

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 **39**

	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
LOEB & LOEB LLP 10100 SANTA MONICA BLVD SUITE 2200 LOS ANGELES, CA 90067	LEGAL SERVICES	881,054
SILVER FREEDMAN & TAFF LLP 3299 K STREET NW SUITE 100 WASHINGTON, DC 20007	LEGAL SERVICES	303,778
IMPERIAL PRINTING 481 VANDELL WAY CAMPBELL, CA 95008	PRINTING SERVICES	279,767
TOM DAVIS & ASSOCIATES 1777 HAMILTON AVE SUITE 2140 SAN JOSE, CA 95125	APPRAISAL SERVICES	275,425
RAM BUILDING COMPANY 1097 RIDGELEY DRIVE CAMPBELL, CA 95008	CONSTRUCTION SERVICES	273,824

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 **27**

Part VIII 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	
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			Business Code				
	2a	INTEREST ON LOANS _____	522100	43,090,489	43,078,301	12,188	
	b	FEE INCOME _____	522100	5,743,570	5,380,613	362,957	
	c	OTHER OPERATING INCOME _____	522100	4,429,034	4,422,902	6,132	
	d	_____					
	e	_____					
	f	All other program service revenue _____					
g	Total. Add lines 2a-2f ▶		53,263,093				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		8,649,794	8,649,794		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents _____				
		c	Less rental expenses _____				
		d	Rental income or (loss) _____				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory 2,895,633				
		c	Less cost or other basis and sales expenses 2,861,477				
		d	Gain or (loss) 34,156				
	d	Net gain or (loss) ▶		34,156	34,156		
	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	VENDOR REFUNDS _____		40,332	40,332			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		40,332				
12	Total revenue. See Instructions ▶		61,987,375	61,606,098	381,277	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	1,614			
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	3,091,278			
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	16,287,537			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	753,778			
9	Other employee benefits	2,245,042			
10	Payroll taxes	1,437,593			
11	Fees for services (non-employees)				
a	Management				
b	Legal	698,570			
c	Accounting	202,336			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,217,523			
12	Advertising and promotion	529,499			
13	Office expenses	7,238,021			
14	Information technology	590,366			
15	Royalties				
16	Occupancy	2,562,976			
17	Travel	130,610			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,388,292			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,375,071			
23	Insurance	3,335,163			
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	6,878,599			
b	LOAN SERVICING EXPENSE	1,101,750			
c	MISC OPERATING EXPENSES	906,422			
d	OPERATING FEES	123,415			
e					
f	All other expenses	26,018			
25	Total functional expenses. Add lines 1 through 24f	58,121,473			
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	7,442,439	1	7,979,639
	2 Savings and temporary cash investments	166,396,984	2	156,823,710
	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	4,547,544	5	3,589,879
	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	87,752	9	71,513
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	41,720,232		
	b Less accumulated depreciation	20,844,546	10c	20,951,580
	11 Investments—publicly traded securities	281,964,547	11	458,392,868
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	971,605,837	13	900,600,967
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	16,062,874	15	10,855,106
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,468,952,523	16	1,559,265,262	
Liabilities	17 Accounts payable and accrued expenses	7,743,704	17	6,936,013
	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	1,314,842,475	25	1,391,636,478
	26 Total liabilities. Add lines 17 through 25	1,322,586,179	26	1,398,572,491
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	146,366,344	32	160,692,771
33 Total net assets or fund balances	146,366,344	33	160,692,771	
34 Total liabilities and net assets/fund balances	1,468,952,523	34	1,559,265,262	

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	61,987,375
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,121,473
3	Revenue less expenses Subtract line 2 from line 1	3	3,865,902
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	146,366,344
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,460,525
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	160,692,771

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
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

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 TECHNOLOGY CREDIT UNION

Employer identification number 94-1651781

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 Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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		5,882,284		5,882,284
b Buildings		13,384,577	5,709,431	7,675,146
c Leasehold improvements		2,563,533	2,030,251	533,282
d Equipment		19,889,838	13,028,970	6,860,868
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,951,580

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	61,987,375
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	58,121,473
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,865,902
4	Net unrealized gains (losses) on investments	4	10,460,525
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	10,460,525
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	14,326,427

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	61,567,871
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	-419,504
e	Add lines 2a through 2d	2e	-419,504
3	Subtract line 2e from line 1	3	61,987,375
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	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	61,987,375

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

1	Total expenses and losses per audited financial statements	1	57,701,966
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	-419,507
e	Add lines 2a through 2d	2e	-419,507
3	Subtract line 2e from line 1	3	58,121,473
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	58,121,473

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
PART XII, LINE 2D - OTHER ADJUSTMENTS		ITEMS RECLASSIFIED BETWEEN REVENUE AND EXPENSE - 419,504
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ITEMS RECLASSIFIED BETWEEN REVENUE AND EXPENSE - 419,504 ROUNDING ERROR -3

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
TECHNOLOGY CREDIT UNION

Employer identification number

94-1651781

Part I Questions Regarding Compensation

	Yes	No
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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 type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" 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 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)?

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) BARBARA BALDWIN KAMM	(i)	404,538	82,000	23,267	150,248	23,517	683,570	0
	(ii)	0	0	0	0	0	0	0
(2) TODD MARSHALL HARRIS	(i)	231,945	48,992	8,460	9,800	29,020	328,217	0
	(ii)	0	0	0	0	0	0	0
(3) LESLIE DEE JEFFRIES	(i)	172,736	27,186	1,743	8,060	10,465	220,190	0
	(ii)	0	0	0	0	0	0	0
(4) MICHAEL KENT LUCKIN	(i)	150,678	8,210	24,842	7,462	27,177	218,369	0
	(ii)	0	0	0	0	0	0	0
(5) JEANNINE JACOBSEN	(i)	164,310	8,640	8,236	6,946	8,201	196,333	0
	(ii)	0	0	0	0	0	0	0
(6) M ANGELES HERNANDEZ	(i)	148,410	28,391	3,462	7,251	10,394	197,908	0
	(ii)	0	0	0	0	0	0	0
(7) HERMAN WHITE	(i)	160,000	10,487	8,766	6,819	1,400	187,472	0
	(ii)	0	0	0	0	0	0	0
(8) JEANNIE N SUGAOKA	(i)	146,114	28,130	1,703	7,125	15,106	198,178	0
	(ii)	0	0	0	0	0	0	0
(9) HAROLD ROUNDTREE	(i)	114,240	44,761	33,630	7,590	22,228	222,449	0
	(ii)	0	0	0	0	0	0	0
(10) BRANDON THOMPSON	(i)	123,671	30,377	22,725	6,820	6,070	189,663	0
	(ii)	0	0	0	0	0	0	0
(11) DEBORAH KRUMWIEDE	(i)	18,978	165,950	1,315	7,506	10,163	203,912	0
	(ii)	0	0	0	0	0	0	0
(12) JENNIFER LEE	(i)	139,561	0	11,369	5,114	5,784	161,828	0
	(ii)	0	0	0	0	0	0	0
(13) VICTOR SMILGYS	(i)	122,796	10,851	16,081	3,955	15,043	168,726	0
	(ii)	0	0	0	0	0	0	0
(14) RICHARD HANZ	(i)	138,778	3,500	3,331	5,991	28,370	179,970	0
	(ii)	0	0	0	0	0	0	0
(15) LAURA CAIRNS	(i)	136,184	9,289	366	5,972	14,251	166,062	0
	(ii)	0	0	0	0	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
	PART I, LINE 1A	HEALTH CLUB DUES ARE REIMBURSABLE TO EMPLOYEES THROUGH THE EXPENSE REIMBURSEMENT PROCESS AND NOT TREATED AS TAXABLE COMPENSATION
	PART I, LINE 4B	CONTRIBUTION IN THE AMOUNT OF \$140,488 WAS MADE TO THE 457F PLAN IN 2011. THE ONLY ELIGIBLE EMPLOYEE WAS BARBARA KAMM.

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 TECHNOLOGY CREDIT UNION

Employer identification number

94-1651781

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 (To/From), (c) Original principal amount, (d) Balance due, (e) In default? (Yes/No), (f) Approved by board or committee? (Yes/No), (g) Written agreement? (Yes/No)

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

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: 94-1651781
Name: TECHNOLOGY 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
BYLIN ROBERT MORTGAGE LOAN		X	155,000	129,030		No	Yes		Yes	
ROUNDTREE HAROLD B UNSECURED LINE OF CREDIT		X	14,000	34		No		No	Yes	
ROUNDTREE HAROLD B HOME EQUITY LINE OF CREDIT		X	196,783	196,783		No		No	Yes	
JEFFRIES LESLIE MORTGAGE LOAN		X	500,000	429,286		No		No	Yes	
WEDGEWOOD JOHN HOME EQUITY LINE OF CREDIT		X	498,418	498,418		No	Yes		Yes	
WEDGEWOOD JOHN MORTGAGE LOAN		X	175,000	124,949		No	Yes		Yes	
HARRIS TODD M NEW AUTO		X	35,000	25,480		No		No	Yes	
HARRIS TODD M MORTGAGE LOAN		X	408,000	398,476		No		No	Yes	
MICHAEL LUCKIN		X	126,000	62,805		No		No	Yes	
DONAHOWER PETER UNSECURED LINE OF CREDIT		X	7,500	308		No	Yes		Yes	
VICTOR SMILGYS MORTGAGE LOAN		X	235,000	221,414		No		No	Yes	
LORI CAIRNS NEW AUTO		X	45,815	38,382		No		No	Yes	
LORI CAIRNS MORTGAGE LOAN		X	339,300	322,308		No		No	Yes	
TODD HARRIS MORTGAGE LOAN		X	218,000	216,338		No		No	Yes	
RICHARD HANZ USED AUTO		X	20,000	17,685		No		No	Yes	
RICHARD HANZ MORTGAGE LOAN		X	515,000	503,457		No		No	Yes	
JEANNINE JACOBSEN MORTGAGE LOAN		X	412,000	404,726		No		No	Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
TECHNOLOGY CREDIT UNION

Employer identification number

94-1651781

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	TECHNOLOGY 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. TECHNOLOGY CREDIT UNION DOES NOT HAVE STOCKHOLDERS.
	FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BOARD OF TECHNOLOGY 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	THE ORGANIZATION HAS THE REVIEW OF THE FORM 990 PERFORMED BY THE VP OF ACCOUNTING AND THE CFO.
	FORM 990, PART VI, SECTION B, LINE 12C	ALL EXECUTIVES ARE REQUIRED TO COMPLETE THE NEW BANK BRIBERY ACT FORM THAT COVERS CONFLICTS OF INTEREST. IF A CONFLICT OF INTEREST IS DISCLOSED DURING THIS PROCESS FOR A BOARD MEMBER, THE BOARD MEMBER IS ASKED TO ABSTAIN FROM VOTING ON THE ISSUE AT HAND.
	FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD COMPENSATION COMMITTEE RECOMMENDS AND APPROVES COMPENSATION FOR THE CEO ON AN ANNUAL BASIS. DURING THIS PROCESS THEY REVIEW COMPARABILITY DATA BASED ON SIMILAR SIZED CREDIT UNIONS IN THE AREA AND DOCUMENT THE DECISION MADE ON WHAT REASONABLE COMPENSATION THEY SHOULD PROVIDE TO THE CEO. FOR OTHER OFFICERS OF THE CREDIT UNION, COMPENSATION IS BASED ON ANNUAL PERFORMANCE EVALUATIONS AND APPROVED BY THE CEO.
	FORM 990, PART VI, SECTION C, LINE 19	THE MONTHLY FINANCIAL STATEMENTS ARE POSTED IN ALL BRANCH LOCATIONS. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 10,460,525
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

Additional Data

Software ID:
Software Version:
EIN: 94-1651781
Name: TECHNOLOGY CREDIT UNION

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ including grants of \$) (Revenue \$)

TECHNOLOGY CREDIT UNION OFFERS BUSINESS MEMBERS A WIDE RANGE OF PRODUCTS (SUCH AS BUSINESS SAVINGS ACCOUNT, BUSINESS MONEY MARKET ACCOUNTS, BUSINESS MONEY MARKET PLUS ACCOUNT, BUSINESS BASIC CHECKING, BUSINESS INTEREST CHECKING, BUSINESS CERTIFICATES, BUSINESS CHECK CARDS, BUSINESS AUTO LOAN, BUSINESS LINE OF CREDIT, BUSINESS MASTERCARD - FIA, SBA LOANS, AND ACCOUNT RECEIVABLE LOANS) AND TOOLS NEEDED TO MANAGE BUSINESS TRANSACTIONS AND ACHIEVE THEIR BUSINESS FINANCIAL GOALS IN ADDITION, TECH CU PROVIDES INVESTMENT SERVICES TO MEMBERS WITH PRODUCTS SUCH AS SECURITIES, BONDS, INSURANCE, IRA, 527 PLANS, AND MORE THERE IS ALSO THE RELATIONSHIP REWARDS PROGRAM THAT REWARDS MEMBERS FOR DOING BUSINESS WITH TECH CU