

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





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

OMB No 1545 0047 2012

Department of the Treasury

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

Open to Public Inspection

		enue Service					- 17			<del></del>			0.000		
<u>A</u>	For th	ne 2012 cale		ar, or tax	year begir	ning 10/0	)1	, 2012	, and endir	ng 9/:		,	2013		
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			SAM	E AS C						H(b) Are all If 'No,'	affiliates inc attach a list	(see inst	tructions)	Yes	No
I	Tax-	exempt status	50	1(c)(3)	₹ 501(c) (	14 ) (	nsert no )	4947(a)(1) o	r 527	]					
J	Wel	bsite: ► ]	I/A							H(c) Group	exemption n	umber 🏲			
ĸ	Form	n of organization	<del></del>	rporation	Trust	Association	Other -	L	Year of Forma	ation 198	2 M:	State of le	egal domicile	AK	
Pa		Summ									<del></del>		•		
1 6	1	Briefly des	cribe the	organiza	tion's miss	ion or most	significant	activities: 1	IETD MEN	ABEDC A	CHIEVE	י ייוד	TR FINA	MCTAI	 [.
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a)	8	Contributio	ns and o	grants (Pa	irt VIII, lifte	21p) 1. 1. 1. 1.	TIM DO	SS					45 0	40 06	
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eve	10	Investmen	income	(Part VIII	l, column∥(	A), lines 3, 4 ines 5, 6d, 8d	rand 7d)	T			3,527,			76,96	
ď	11										1,087,			05,41	
	12	Total rever	nue – ac	d lines 8	through 11	(must equa	l Part VIII,	column (A),	line 12)	49	,480,	025.		22,65	
-	13	Grants and	sımılar	amounts	paid (Part	IX, column (	A), lines 1	·3)			19,	000.		12,00	<u>)0.</u>
	14	Benefits pa	aid to or	for memb	ers (Part I	IX, column (A	A), line 4)								
	15	Salaries, o	ther con	npensatioi	n, employe	ee benefits (F	Part IX, col	umn (A), line	s 5-10).	20	),984,	310.	22,7	60,16	<u></u> 54.
es	163				-	column (A),		•	•						
Expenses	104			-						<del></del>	<del></del> -	<del></del>			
Š	b					olumn (D), lir									
ш	17	Other expe	enses (P	art IX, col	umn (A), I	ines 11a-11d	l, 11f-24e)			21	.,32 <u>5,</u>	506.		.66,58	
	18	Total expe	nses Ad	dd lines 13	3-17 (must	equal Part I	X, column	(A), line 25)		42	2,328,	816.	44,9	38,74	<u> 14.</u>
	19	Revenue le	ess expe	nses Sub	tract line	18 from line	12			-	7,151,	209.	7,0	83,91	10.
8	·		···								ng of Curre			f Year	
et Assets or Ind Balance	20	Total asse	ts (Part	X. line 16	1						5,893,			55,59	91.
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_	122				Subtract	line 21 from	line 20		<del></del>	90	),584,	328.	95,3	53,57	<u>/3.</u>
	art II	Signat													
Und	er pena	ities of perjury.	I declare th	nat have exa	amined this re	turn, including ac n all information o	companying s	chedules and stat	tements, and to	the best of n	ny knowledge	e and belo	ef, it is true, co	orrect, and	i
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BA	A Fo	r Paperwor	k Reduc	tion Act N	lotice, see	the separate	instructio	ns.	TE	EA0113L 12	2/18/12		Forn	n <b>990</b> (2	(012)

	990 (2012) CREDIT UNION 1	92-0	02148	31	F	age 2
Par	TIII Statement of Program Service Accomplishments					
	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission					
•	HELP MEMBERS ACHIEVE THEIR FINANCIAL GOALS BY FOCUSING ON EXCEI	LENT SE	RVTCE	. ANI	ח	
	VALUE.	2222				
			<b>-</b>			
	Did the standard and a standard and					
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?	prior		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			103		110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	П	Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
4	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	ervices, as	measure	ed by e	expen	ses
	others, the total expenses, and revenue, if any, for each program service reported	g			-	
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4 a	(Code) (Expenses \$including grants of \$) PROVIDE SERVICES TO ELIGIBLE MEMBERS	) (Revenue	۶			—- <sup>)</sup>
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4 0	Other program services (Describe in Schedule O)		-			
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
BAA	e Total program service expenses ►  TEEA0102L 08/08/12			Forn	990	(2012)
	1 LL-0102L 00/00/12					·/

# Form 990 (2012) CREDIT UNION 1 Part IV Checklist of Required Schedules

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	Х	
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		Х
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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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)		74. TE	x
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	Х
	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	<u> </u>	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	X	
BAA		Form	1 99 <b>0</b> (	(2012

Check if Schedule O contains a response to any question in this Part V			П
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 12,606			-
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	x	-
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  423			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	x	
	20		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	- 3 a	$\mathbf{x}^{-}$	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	$\frac{\Lambda}{X}$	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	30	_^	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		-	
Form 8282?	7 c		
	7.0	-	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in	Ì		
which the organization is licensed to issue qualified health plans	]		
c Enter the amount of reserves on hand			L
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		L

Form 990 (2012) CREDIT UNION 1 92-0021481 Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  $\overline{X}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O X Did the organization have members or stockholders? 6 7 a 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? SEE SCHEDULE O members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 a **b** Each committee with authority to act on behalf of the governing body? 8 h X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b X operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a X b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE O Schedule O how this is done 12 c Х 13 X 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a X **b** Other officers of key employees of the organization SEE SCHEDULE O 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a **b** 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization THOMAS MASON, CFO 1941 ABBOTT ROAD ANCHORAGE AK

Form 990	(2012)	CREDIT	TINITON	1
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Page **7** 

## 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

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

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

Check this box if neither the organization n	or any rela	ited or	ganız	zatio	n co	mpens	sated	d any current officer, dir	ector, or trustee	
				(0	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less (	perso	more to n is both r/trustee	n an e)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ROGER ALDRICH	11									
CHAIRMAN	0	X						0.	0.	0.
(2) COLIN BAXTER	11									
SECRETARY	0	[ X						0.	0.	0.
(3) TIM CRAIG	1								;	
DIRECTOR	0	X						0.	0.	0.
(4) JOHN WEDDLETON	1_	]								
DIRECTOR	0	X						0.	0.	0.
(5) FRED STASSEL	1	l								
EMERITUS	0	X						0.	0.	0.
(6) JOE TOWSLEE	1_1_									
VICE PRESIDENT	0	X						0.	0.	0.
(7) STEVEN CAVIN	1	1								
TREASURER	0	X						0.	0.	0.
(8) CARL MARKON	1_1_	1							1	
DIRECTOR	0	X						0.	0.	0.
(9) LESLIE ELLIS	40_	1								
PRESIDENT	0			<u>X</u>				615,646.	0.	328,091.
(10) LISA MONSEN	40_									
EXECUTIVE VP	0			X				209,475.	0.	154,039.
(11) TOM NEWINS	40_	ļ								
C00	0			Х				131,433.	0.	69,650.
(12) TOM MASON	40									
SVP, CFO	0					Χ		167,578.	0.	70,518.
(13) MARK RHODES	40									
VP	0					Χ		154,463.	0.	54,301.
(14) DEBBIE CASEY	40_	. □								
SVP	jÖ	<u> </u>	Ĺ			Х	<u> </u>	137,585.	υ.	90,495.

Part VII   Section A. Officers, Directors, Tru	stees, l	Key	En	ıplo	oye	es,	and	d Highest Com	pensated Emp	oyees	(cor	1t)
	(B)			((	•							
(A) Name and title	Average hours per week	box.	, unle	check ess pe	erson	than is bot or/trus	h an stee)	(D)  Reportable compensation from	(E)  Reportable compensation from	amou	(F) stimated int of oth	her
	(list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fr org an	pensation the anization direlated anization	n t
(15) MIKE SEARCY MANAGER	$-\frac{40}{0}$					Х		112,400.	0.		14,2	258.
(16) ERIC BENDER MANAGER	$-\frac{40}{0}$					х		118,769.	0.		23,6	
(17)								120,1031			/ :	,
<u>(18)</u>												
(19)					-						-	
(20)												
(21)											**	
(22)											·	
(23)												
(24)												
(25)												
1 b Sub-total							<b>•</b>	1,647,349.	0.	8	05,0	
c Total from continuation sheets to Part VII, Section	on A						<b>•</b>	0.	0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited	to those l	isted	abo	ve) '	who	rece	ived	1,647,349.	0.		<u>05,0</u>	)51.
from the organization > 8												
											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	tor or tru: h individi	stee, <i>ıal</i>	key	em em	ploy	/ee,	or h	ighest compensat	ed employee	3	-	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 150,0	mpe 00?	ensa If "	atior Yes'	and com	l oth iplei	ner compensation te Schedule J for	from	4	 X	
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper s,' comple	nsatio	on fr	rom dule	any J fo	unre or su	elate ch p	ed organization or person	ındıvıdual	5		X
Section B. Independent Contractors  1 Complete this table for your five highest compen			J			-1	- 41.	t recovered many t	ham \$100,000 of			
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sation for	the c	aler	ndar	yea	end	ing v	with or within the or	ganization's tax year			
(A) Name and business add	ress							Description (B)	of services	Compe	C) insatio	n.
									-			
								†				
2 Total number of independent contractors (including t		uted to	o th	ose	liste	d abo	ove)	who received more	than			
\$100,000 in compensation from the organization	0		_								000	(2012)

	Check if Schedule O contains a respo	nse to any questi	on in this Part VIII			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
N S S	1 a Federated campaigns 1 a					
8 <u>9</u>	b Membership dues 1 b					
R TS	c Fundraising events 1 c					
5 ₹	d Related organizations 1 d		]			
	e Government grants (contributions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f					
SS	g Noncash contributions included in Ins 1a-1f \$					
لسد	h Total. Add lines 1a-1f	<b>&gt;</b>				
哥	_	Business Code			-	
즱	2a INTEREST FROM LOANS	· · · · · · · · · · · · · · · · · ·	29,624,757.			29,624,757.
띨	b SERVICING FEES		14,746,137.		123,951.	14,622,186.
	c ORIGINATION FEES		669,386.			669,386.
ş	<u> </u>			•		<u></u>
굟	f All other program service revenue					
ᇎ	g Total. Add lines 2a-2f	▶	45,040,280.	<del></del>		
	3 Investment income (including dividends,		43,040,280.			
	other similar amounts).	Interest and ►	2,484,217.	2,484,217.		
- 1	4 Income from investment of tax-exempt b	oond proceeds. >				
	5 Royalties	<b>•</b>				
	(ı) Real	(ii) Personal				
ŀ	6a Gross rents		1			
İ	<b>b</b> Less rental expenses					
	c Rental income or (loss)	<u> </u>		-	-	
	d Net rental income or (loss)	(II) Other		- <del></del>		
	7 a Gross amount from sales of assets other than inventory		ĺ			
	·	-7,254.				
ļ	b Less cost or other basis and sales expenses					
	c Gain or (loss)	-7,254.				
	d Net gain or (loss)	<i>1,251.</i> ►	-7,254.			-7,254.
JE I	8 a Gross income from fundraising events (not including \$		1,234.			7,254.
OTHER REVEN	of contributions reported on line 1c)					
8	See Part IV, line 18 a					
풀	<b>b</b> Less. direct expenses <b>b</b>					
٦	c Net income or (loss) from fundraising ev	vents.				
	9 a Gross income from gaming activities See Part IV, line 19 a					
	<ul><li>b Less direct expenses</li><li>c Net income or (loss) from gaming activit</li></ul>	ies •				
	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 inven	tory •				-
1	Miscellaneous Revenue	Business Code				
Ì	11a CREDIT LIFE & DISABILITY		1,622,986.		1,622,986.	 
j	b GAP_FEES		1,254,582.		1,254,582.	
	c MISC		939,894.	939,894.		
	d All other revenue.	WKS	687,949.		687,949.	
	e Total. Add lines 11a-11d	•	4,505,411.			
	12 Total revenue. See instructions	<b>•</b>	52,022,654.	3,424,111.	3,689,468.	44,909,075.

#### Part IX Statement of Functional Expenses

Seci	ion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	
	Check if Schedule O contains a r				
Do 1 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
_	Grants and other assistance to individuals in the United States See Part IV, line 22	12,000.			
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	1,508,334.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	15,283,958.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,701,806.			
9	Other employee benefits	2,882,936.			
10	Payroll taxes	1,383,130.			
11	Fees for services (non-employees)	· · · · · · · · · · · · · · · · · · ·			
ā	Management				
Ŀ	Legal	10,980.			
	: Accounting	103,698.			
	Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, col-	504 556			
	umn (A) amt, list line 11g expenses on Sch O)	581,576.			
	Advertising and promotion	873,205.			
13	· .	4,234,283.			<u> </u>
14	Information technology	1,806,431.	<del></del>		
15	Royalties				
16	Occupancy	1,886,998.			
17	Travel	244,672.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	70,342.	<del></del>		
20	Interest	2,992,936.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,369,831.			
	Insurance	344,777.			<u> </u>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				, , ,
á	LOAN LOSS	3,102,060.	<del></del>		
	OTHER EXPENSE	1,573,761.			
	LOAN SERVICING	1,047,509.	<u> </u>		
	NCUSIF STABILIZATION EXP	566,931.			
	All other expenses	356,590.	·		
	Total functional expenses Add lines 1 through 24e	44,038,744.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here \( \bigcup \] if following SOP 98.2 (ASC 958.720)	11,550,714.			

Part X

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 19,004,211 1 17,048,670. 2 Savings and temporary cash investments 2 95,997,904 99,022,700. Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Compléte Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees 6 beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 547,568,825 7 617,314,014. 8 Inventories for sale or use Prepaid expenses and deferred charges 9 22,985,462 23,574,315. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 57,707,910 b Less accumulated depreciation 10b 21,579,869 35,895,096 10 c 36,128,041. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 96,827,073 60,274,098. 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 8,615,389 8,993,753. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 826,893,960 862, 355, 591. 17 Accounts payable and accrued expenses 17 723,441,138. 754,695,895. 18 Grants payable 18 Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 1,099,929 1,241,432. Loans and other 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 Unsecured notes and loans payable to unrelated third parties 24 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 25 11,768,565 11,064,691. 26 26 Total liabilities. Add lines 17 through 25 736,309,632 767,002,018. Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete N E T lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 29 Permanently restricted net assets R X Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 90,584,328 95, 353, 573. 33 33 Total net assets or fund balances 90,584,328 95,353,573. 34 Total liabilities and net assets/fund balances 826,893,960 34 862,355,591.

BAA

		2-002148	1	Pa	ge <b>12</b>
Par	t 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	52,0	22,6	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,9	38,7	44.
3	Revenue less expenses Subtract line 2 from line 1	3	7,0	33, <u>9</u>	10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,5	34,3	28.
5	Net unrealized gains (losses) on investments	5	-2,3	14,6	65.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	95,3	53,5	73.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
			Ī	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 🗖		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis			Ī	
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both    X   Separate basis	oarate			;
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	udit,	2 c	X	- '
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				-
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	le	3 a		X
	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b		
BAA			Form	990 (	(2012)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2012

Open to Public Inspection

CRE	DIT UNION 1				92-0021481	
Part		or Advised Funds or Othe	er Similar Fun			ete if
11 413	the organization answered 'Yes'				oundi	
		(a) Donor advised t	unds	<b>(b)</b> Fu	inds and other ac	counts
1	Total number at end of year	(-)				
2	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	,					
	Did the organization inform all donors and do are the organization's property, subject to the			nor advised f	runds Yes	No
	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writir it of the donor or donor advisor	ng that grant fund , or for any other	s can be use purpose conf	d only ferring <b>Yes</b>	☐ No
Parl	II Conservation Easements. Comp	plete if the organization a	nswered 'Yes'	to Form 9	90, Part IV, lin	ne 7.
	Purpose(s) of conservation easements held b				<del> </del>	
	Preservation of land for public use (e g ,	recreation or education)	Preservation of	f an historica	lly important land	area
	Protection of natural habitat	İ	Preservation of	f a certified h	istoric structure	
	Preservation of open space	L				
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation cont	ribution in the form			
				<b>—————</b>	eld at the End of	the Tax Yea
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease			2 b		
С	Number of conservation easements on a cert	ified historic structure included	ın (a)	2 c		
d	Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, ar	nd not on a histori	2 d		
3	Number of conservation easements modified, tra tax year ▶	insferred, released, extinguished,	or terminated by th	e organization	n during the	
4	Number of states where property subject to cons	ervation easement is located 🕨		_		
	Does the organization have a written policy roand enforcement of the conservation easeme					No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conserv	vation easements d	luring the year	r	
7	Amount of expenses incurred in monitoring, insp ►\$	ecting, and enforcing conservation	n easements during	the year		
8	Does each conservation easement reported cand section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	quirements of sec	tion 170(h)(4	1)(B)(ı)	☐ No
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements	ts conservation easements in its re to the organization's financial s	evenue and expens statements that de	se statement, escribes the	and balance sheet, organization's acc	, and counting for
Par	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical swered 'Yes' to Form 990,	Treasures, or Part IV, line 8	Other Sim	ilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets hin Part XIII, the text of the footnote to its final	neld for public exhibition, education	n, or research in fu			
b	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to repo for public exhibition, education, or	ort in its revenue s research in furthei	statement an rance of public	d balance sheet v c service, provide t	vorks of art he
	(i) Revenues included in Form 990, Part VIII	I, line 1			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				<b>►</b> \$	
2	If the organization received or held works of art, amounts required to be reported under SFAS	historical treasures, or other simils 116 (ASC 958) relating to thes	ar assets for finance e items	cial gain, prov	ide the following	
а	Revenues included in Form 990, Part VIII, lin				<b>►</b> \$	
	Assets included in Form 990 Part Y				<b>▶</b> ¢	

Schedule D (Form 990) 2012 CRED Part III   Organizations Mainta	T UNION 1	s of Art Histo	rical Treasures of	92-002	1481	ntinu	Page 2
	_						<u> </u>
3 Using the organization's acquisition items (check all that apply)	, accession, and othe	r records, check a	ny or the following that a	re a significant use of its	Conection		
a Public exhibition		<b>⊢</b>	or exchange programs				
b Scholarly research		e U Other					
c Preservation for future gener			( II II				
4 Provide a description of the organiz Part XIII							
5 During the year, did the organiza to be sold to raise funds rather the	han to be maintaine	d as part of the o	rganization's collection	7	Yes		No_
Part IV Escrow and Custodial Arr reported an amount of	angements. Complen Form 990, Par	ete if the organiz t X, Iine 21.	ation answered 'Yes' to	o Form 990, Part IV, lin	e 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?				ner assets not included	Yes	[2	ΧNο
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and cor	nplete the followi	ng table	r <del></del>			
5					Amount		
c Beginning balance				1 c			
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>		•		1 e			
f Ending balance				1 f			0.
2a Did the organization include an a	amount on Form 990	Part X line 217		<u> </u>	X Yes		No.
b If 'Yes,' explain the arrangement				d in Part XIII	11 . 55	3	
<b>2</b> // ( ) ( ) ( ) ( ) ( )		EE PART XII	•			LE	
Part V Endowment Funds. C	omplete if the o	rganization ar	swered 'Yes' to Fo	rm 990, Part IV, Iır	ne 10.		
	(a) Current	(b) Prior yea	ar (c) Two years	(d) Three years	(e) F	our year	ſS
1 a Beginning of year balance							
<b>b</b> Contributions						<del></del>	
c Net investment earnings, gains, and losses							
d Grants or scholarships	-						
<ul> <li>Other expenditures for facilities and programs</li> </ul>							
f Administrative expenses							
<b>g</b> End of year balance							
2 Provide the estimated percentag	e of the current yea	r end balance (lır	ne 1g, column (a)) held	as			
a Board designated or quasi-endown	nent ►	~~~~~~ %					
<b>b</b> Permanent endowment ►	<del></del> %						
c Temporarily restricted endowmen		<sup>%</sup>					
The percentages in lines 2a, 2b,	and 2c should equa	al 100%					
3 a Are there endowment funds not in a organization by	the possession of the	organization that a	are held and administered	d for the	[	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related	-	•			3b		
4 Describe in Part XIII the intende		_					
Part VI Land, Buildings, and				·····	4 15 1		
Description of property		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) i	Book va	ilue
1 a Land			12,278,071.	, ,	12	,278	,071.
<b>b</b> Buildings			31,576,553.	10,658,271.	20	,918	,282.
c Leasehold improvements							
<b>d</b> Equipment							
e Other			13,853,286.	10,921,598.			<u>,688.</u>
Total. Add lines 1a through 1e (Colum	nn (d) must equal F	orm 990, Part X,	column (B), line 10(c))				,041.
BAA				Sched	lule <b>D</b> (Fo	orm 990	) 2012

2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

BAA

Schèdule <b>D</b> (Form 990) 2012 CREDIT UNION 1	92-00214	181 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	·
1 Total revenue, gains, and other support per audited financial statements	1	52,022,654.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	52,022,654.
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		
b Other (Describe in Part XIII ) 4b		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	52,022,654.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1 Total expenses and losses per audited financial statements	1	44,938,744.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2 a		
<b>b</b> Prior year adjustments	7	
c Other losses 2c		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	44,938,744.
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 XIII )		
c Add lines 4a and 4b.	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	44,938,744.
Part XIII 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 line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	IV, lines 1b	and 2b, Part V,
line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide	any addition	al information
PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY		
ESCROW AMOUNT REPRESENTS MORTGAGE LOAN RESERVES.	<b></b>	
	- <b>-</b>	
	<del></del>	72 72 7 222 22 .
BAA	Schedule	<b>D</b> (Form 990) 2012

# Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I

OMB No 1545-0047 2012

Open to Public Inspection

Employer identification number 92-0021481 **ջ** ⊠

Yes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

(a) Name and address of organization     or government	(p) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)						-	
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							
<u>(2)</u>							
<u>(3)</u>							
(d)							
<u>(5)</u>							
<u></u>							
							1
<u>6</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government of	organizations listed	in the line 1 table			•	0

Schedule I (Form 990) (2012)

3 Enter total number of other organizations listed in the line 1 table BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other 92-0021481 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance 12,000 (c) Amount of cash grant σ (b) Number of recipients CREDIT UNION 1 additional information. (a) Type of grant or assistance 1 COLLEGE SCHOLARSHIPS Schedule I (Form 990) (2012) Part III Part IV

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Schedule I (Form 990) (2012)

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 92-0021481 CREDIT UNION

ar	ti Questions Regarding Compensation				
				Yes	No
1 a	n Check the appropriate box(es) if the organization provided any of t VII, Section A, line 1a Complete Part III to provide any releva	the following to or for a person listed in Form 990, Part ant information regarding these items  PART III			
	X First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			!
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
				1	
b	olf any of the boxes on line 1a are checked, did the organization fol reimbursement or provision of all of the expenses described a		1 b	Х	
2	Did the organization require substantiation prior to reimbursing or trustees, and the CEO/Executive Director, regarding the items		2	Х	
3	Indicate which, if any, of the following the filing organization used CEO/Executive Director Check all that apply Do not check at establish compensation of the CEO/Executive Director, but ex	to establish the compensation of the organization's ny boxes for methods used by a related organization to oplain in Part III			
	Compensation committee	Written employment contract			'
	Independent compensation consultant	X Compensation survey or study			,
	Form 990 of other organizations	Approval by the board or compensation committee			i
4	During the year, did any person listed in Form 990, Part VII, S	Section A, line 1a with respect to the filing organization	ļ		!
_	or a related organization  Receive a severance payment or change-of-control payment?	,	4 a	İ	X ·
_	p Participate in, or receive payment from, a supplemental nong		4 b	Х	
	c Participate in, or receive payment from, an equity-based com		4 c	<del>- ^</del> -	X
_	If 'Yes' to any of lines 4a-c, list the persons and provide the a				
	•		,		
	Only section 501(c)(3) and 501(c)(4) organizations must com	plete lines 5-9.			} ;
5	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the revenues of	did the organization pay or accrue any compensation			
а	a The organization?		5 a		
b	Any related organization?		5 b		
	If 'Yes' to line 5a or 5b, describe in Part III		<u> </u>		
6	For persons listed in Form 990, Part VII, Section A, line 1a, contingent on the net earnings of	did the organization pay or accrue any compensation	ļ		
а	a The organization?		6 a		
b	h Any related organization?		6 b		
	If 'Yes' to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, of payments not described in lines 5 and 6? If 'Yes,' describe in	did the organization provide any non-fixed Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or ac to the initial contract exception described in Regulations sect	crued pursuant to a contract that was subject			
	If 'Yes,' describe in Part III		8		<u> </u>
9	If 'Yes' to line 8, did the organization also follow the rebuttable presection 53 4958-6(c)?	esumption procedure described in Regulations	9_		

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Schedule J (Form 990) 2012

Page 2

92-0021481

Schedule J (Form 990) 2012 CREDIT UNION 1

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

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

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

	f	4 44	0001 / 1 0 //			/P/ Non-tonoble	AEN Total of	(E) Componention
		(b) Breakdown of	(B) Breakdown of W-2 and/or 1039-MISC compensation	compensation	(c) Retirement	(v) Normaxable	columns(B)(i)-(D)	reported as
(A) Name and Title		(i) Base compensation	(ii) Bonus and incentive compensation	(III) Other reportable compensation	deferred compensation			deferred in prior Form 990
LESLIE ELLIS	Θ	325,000.	275,000.	15,646.	317,287.	-10,804	943,737.	-I 
	€		0		0.	0	0.	
LISA MONSEN	Θ	184,475.	25,000.	0.	142,369.	11,670	[-363,514.	-I 
2 EXECUTIVE VP	(E)	   	0	0.	0.	0.	0.	0.
TOM NEWINS	())	121,433.	10,000	0		$-\frac{12}{2}$	<u>201,083.</u>	       
3 COO	(ii)		0	0.	-	0.	0.	0.
TOM MASON	())	157,578.	10,000	0.	59,394	11, 124.	<u>238,096</u> _	
4 SVP, CFO	(ii)		0	0.	0.	0.	0.	0.
	] (i)	146,463.	8,000.		45_775_	<u>8, 526.</u>	208,764.	
5 VP	(ii)		0	0.		0.		0.
DEBBIE CASEY	Θ	131,585.	- 00079		82,100.	8, 395.	228,080_	- 1    -  -  -  -
6 SVP	(ii)			0.	0.	0.	1	0.
	Θ					         	         	           
7	(ii)			' 1				
	Θ	             	           	;           				 
8	(ii)							
	Θ		 	           			1 1 1	 
6	(ii)							
	Θ			1		 	         	1 1 1
10	€							
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12	Ξ							
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13	€							
	Ξ	           	1   1   1   1   1	;           	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
14	(3)							
	Ξ	           				1 1 1 1		1 1 1 1
15	€							
	Ξ	         	- <del> </del>			1 1 1 1		
16	▣		- 1					
ВАА			TEEA4102L 12/11/12	12			Schedule J	Schedule J (Form 990) 2012

TEEA4103L 12/11/12

Schedule J (Form 990) 2012

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2012

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. Name of the organization

Inspection Employer identification number

<u>CREDIT UNION 1</u> 92-0021481
LOAN TO INTERESTED PERSONS
THE CREDIT UNION HAS A WAREHOUSE LINE OF CREDIT WITH RESIDENTIAL MORTGAGE, LLC WITH
A BALANCE OF \$17.6 MILLION AS OF 9/30/13. ONE CURRENT BOARD MEMBERS, ROGER ALDRICH
AND ONE FORMER BOARD MEMBER, GEORGE PORTER, EACH OWN 32% OF RESIDENTIAL MORTGAGE.
THE TERMS OF THE LOAN ARE COMPETITIVE WITH OTHER SIMILAR PRODUCTS AVAILABLE AT OTHER
FINANCIAL INSTITUTIONS.
BUSINESS TRANSACTIONS
BUSINESS TRANSACTIONS BETWEEN THE CREDIT UNION AND INTERESTED PERSONS AS MEMBERS OF
THE CREDIT UNION WITH THE SAME TERMS OFFERED TO OTHER MEMBERS OF THE CREDIT UNION
WERE NOT INCLUDED ON SCHEDULE L.
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER
CREDIT UNION ACCOUNT HOLDERS ARE MEMBERS
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY
MEMBERS CAN VOTE TO ELECT THE GOVERNING BODY AT THE ANNUAL MEETING.
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
THE 990 WAS REVIEWED AND APPROVED BY THE OFFICERS AND BOARD OF DIRECTORS BEFORE IT
WAS FILED.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
EMPLOYEES SIGN ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE CONFLICTS OF INTEREST
POLICY. BOARD OF DIRECTORS REPORT IN WRITING ANY CONFLICTS OF INTEREST ANNUALLY.
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT
CEO COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS. EVP COMPENSATION IS APPROVED
BY THE CEO. COMPENSATION SURVEYS ARE OBTAINED AND THE COMPENSATION REVIEW AND
APPROVAL PROCESS IS DOCUMENTED

Schedule <b>0</b> (Form 990 or 990-EZ) 2012	Page 2
Name of the organization  CREDIT UNION 1	Employer identification number 92-0021481
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PR	OCESS - OFFICERS & KEY EMPLOYEE
COMPENSATION IS APPROVED BY THE PRESIDENT. COMPENSATION	SURVEYS ARE OBTAINED AND
THE COMPENSATION REVIEW AND APPROVAL PROCESS IS DOCUMENTE	D
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLI	CLY AVAILABLE
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST	
	·
BAA	Schedule <b>0</b> (Form 990 or 990-EZ) 2012
<del></del>	

2012	FEDERAL WORKSHEETS	PAGE 1
CLIENT CU1	CREDIT UNION 1	92-002148
FORM 990, PART VIII, LINE 11D OTHER REVENUE		03 29PI
DESCRIPTION COMPUTER FEES MBI FEES AD&D TOTALS	BUS. TOTAL EXEMPT FUNC BUSINESS REVENUE  \$ 285,051. 282,529. 282,529. 120,369. 5 687,949. \$ 0. 687,949.	REVENUE EXCLUDED FROM TAX
FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES		,
PROFESSIONAL SERVICES	(A) (B) (C) PROGRAM MANAGEMENT SERVICES & GENERAL  581,576. TOTAL \$ 581,576. \$ 0. \$ 0.	(D) FUND- RAISING
FORM 990, PART IX, LINE 24E OTHER EXPENSES		
POSTAGE AND SHIPPING	(A) (B) (C) PROGRAM MANAGEMENT SERVICES & GENERAL  356,590. TOTAL \$ 356,590. \$ 0. \$ 0.	(D) FUNDRAISING \$ 0.

## Form **8868**

(Rev January 2013)

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

OMB No 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Part 1. : Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions Type or print CREDIT UNION 1 92-0021481 Number, street, and room or suite number. If a P.O. box, see instructions Social security number (SSN) File by the due date for 1941 ABBOTT ROAD filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions ANCHORAGE, AK 99507 Enter the Return code for the return that this application is for (file a separate application for each return) 01 Application Is For Application Return Return Code ls For Code 07 Form 990 or Form 990-EZ 01 Form 990-T (corporation) 08 orm 990-BL 02 Form 1041-A 09 orm 4720 (individual) 03 Form 4720 Form 5227 10 Form 990-PF 04 05 Form 6069 11 Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above) 06 Form 8870 12

	THOMAS MASON, SVP, CFO			
	Telephone No ► 907-339-8192 FAX No ►  If the organization does not have an office or place of business in the United States, check this box			► [
-	If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is	for the w	vhole group,
(	check this box ► If it is for part of the group, check this box ► and attach a list with the name	nes ai	nd EINs c	of all members
t	the extension is for			
1	I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	until $5/15$ , 20 $14$ , to file the exempt organization return for the organization named above. The extension is for the organization's return for			
	calendar year 20 or			
	► X tax year beginning 10/01 , 20 12 , and ending 9/30 , 20 13			
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final Change in accounting period	al retu	rn	
3 a	a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3 a	\$	0.
ı	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	_ 3 b	\$	0.
•	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3 с	\$	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

payment instructions

Form 8868 (Rev 1-2013)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for