

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)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 01/01, **2009, and ending** 12/31, **20** 09

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization ACCESS COMMUNITY CREDIT UNION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6401 S Bell St
 City or town, state or country, and ZIP + 4
Amarillo, TX 79109

D Employer identification number
75 : 0870689

E Telephone number
 (806) 353-9999

F Name and address of principal officer: Keith Watson
6401 S Bell St, Amarillo, TX 79109

G Gross receipts \$ 4,529,193

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) (14) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.accesscreditunion.com

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1953 **M** State of legal domicile: TX

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Cooperative provider of credit union financial services, including savings and borrowings.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of employees (Part V, line 2a)	5	43
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	115,893
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,029	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,176,504	3,422,930
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	892,837	715,170
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	391,093
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,069,341	4,529,193
	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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,133,844	1,165,587
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,539,575	3,063,020
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,673,419	4,228,607	
19 Revenue less expenses. Subtract line 18 from line 12	395,922	300,586	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	69,699,063	80,148,114
	22 Net assets or fund balances. Subtract line 21 from line 20	57,804,413	67,832,576
		11,894,650	12,315,538

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: Keith Watson, President/CEO Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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