

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



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public

\overline{A}	For the	2011 cale	ndar year, or tax year beginning January 1 , 2011, and ending	Decer	nber 31	, 20 11
В		applicable	C Name of organization ORLEX Government Employees Credit Union		D Employe	r identification number
\Box	Address		Doing Business As			03-0211553
$\overline{\Box}$	Name ch	•	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephon	
Ħ	Initial reti	-	5043 US RT 5			802-334-5084
\exists	Terminat		City or town, state or country, and ZIP + 4			
\exists	Amended		Newport, VT 05855		G Gross red	coints \$
H			F Name and address of principal officer JENNIE A DION	LI (a) la thia		or affiliates? Yes No
ш	Applicati	on pending	YOUNG ROAD IRASBURG, VT 05845			cluded? Yes No
-	T					list (see instructions)
÷		npt status	501(c)(3)	4		•
7	Website			_ ``	exemption	
_			Corporation Trust Association ✓ Other ► non-profit L Year of formation	1953	M State o	of legal domicile VT
F	art I	Summ	-			
	1		escribe the organization's mission or most significant activities:			
စ္ပ		10 provid	de thrift savings and borrowing to our members, and to provide other financia	i services.		
au						
era	_					
Governance	1		is box ▶☐ if the organization discontinued its operations or disposed of		4 1	ts net assets.
8			of voting members of the governing body (Part VI, line 1a)			
es			of independent voting members of the governing body (Part VI, line 1b)			7
Ξ			nber of individuals employed in calendar year 2011 (Part V, line 2a) .		5	3
Activities &			nber of volunteers (estimate if necessary)		6	13
	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	2,750.05
	b	Net unrei	ated business taxable income from Form 990-T, line 34		7b	
			RECEIVE	Prior Ye	ear	Current Year
ø	8	Contribut	tions and grants (Part VIII, line 1h)	181		<u> </u>
Ĕ	9	Program	service revenue (Part VIII, line 2g)	112 1936	61,857.19	347,567 83
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	SSI	4,983.64	4,674.99
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	2,435.01	3,153.30
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column 🔊 🖫 🗷 🔭	إ T ل	9,275 84	355,396.12
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)			
	1		paid to or for members (Part IX, column (A), line 4)	(64,475.20	53,389.85
S	1		other compensation, employee benefits (Part IX, column (A), lines 5–10)	1:	33,529 84	154,052 74
Expenses	1	Profession	onal fundraising fees (Part IX, column (A), line 11e)			
ē	1		draising expenses (Part IX, column (D), line 25) ▶			
ŭ	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	12	28,991.12	146,989.28
	1		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	32	26,996.16	354,431.87
	19		less expenses. Subtract line 18 from line 12	-	12,279.68	964.25
- X				ginning of Ci	rrent Year	End of Year
18.E	20	Total ass	ets (Part X, line 16)	5,1	30,510.86	5,588,207.34
ASSIB	21		ulities (Part X, line 26)	4,61	35,271.76	5,142,003.99
Net Assets of Fund Balances	22		ts or fund balances. Subtract line 21 from line 20	44	15,239.10	446,203.35
P	art II		ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and statement	nts, and to t	he best of m	y knowledge and belief, it is
Tru	e, correct	, and comp	lete Declaration of preparer (other than officer) is based on all information of which preparer h	as any know	ledge	
\Box			11/12/V Mar 11/1			
ESI (מני	Sign	ature of officer	Da	ite ,	
	ro	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Tudy J. Jenne CEO/Managea		04-19	7-2012
₹		Type	or print frame and title			·
چ			pe preparer's name Preparer's signature Date	-	T	T , PTIN
Φa	id	''			Check L self-emp	- 1
	epare	1 – .			n's EIN ▶	- 1
Us	e Onl					
	Ala - 15		a this return with the property shown above? (see instructions)] Pho	one no	Yes No
Ma	y the IF	io aiscus	s this return with the preparer shown above? (see instructions)	112027		Form 990 (2011)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission:	🛂
	Provide thrift savings and borrowing to our members, and to provide other financial services.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-		☑ No
	If "Yes," describe these new services on Schedule O.	٠و
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	-	✓ 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 mea expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the air	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	mount of
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Savings and Certificates of Deposit, Clubs and Money Markets.	
	Serving 1320 members since 1953 who hold an aggregate total of 1592 savings, clubs and money market accounts and 304 (CD's.
	Total amounts that our members have invested in these accounts:	
	Savings: \$1,609,692	

	Money Markets: \$205,392 CD's: \$2,907,419	
4b	(Code·) (Expenses \$including grants of \$) (Revenue \$	
	Share Draft Checking Accounts with Debits Cards and Electronic Transfer.	'
	250 Checking Accounts with 258 debit cardholders in 200 of these accounts.	
	Share Draft program began in November 1998; Debit Card program began in May 2008.	
	Total amount that our members have in these accounts: \$393,609.	
-10	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$	'
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶	

Part	V 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		\
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		✓
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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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		-
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		→
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		<u>·</u>
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.	10		,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	,
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	•	√
С	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>·</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		→
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		√
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_		✓
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		√
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		√
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		✓
20 a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		√
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	L	
		Forr	n 990	(2011)

Part	Checklist of Required Schedules (continued)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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>	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	1	
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		√
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 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		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		✓
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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? <i>If "Yes," complete Schedule R</i> ,	27		1
38	Part VI	37	1	•

:				
Form 99	90 (2011)			Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			<u>. </u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
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 2a 3	4	١.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	ļ
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	-
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	✓	-
4a	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.		1
b	If "Yes," enter the name of the foreign country: ▶	4a	 	├
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ļ
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		l
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i I							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			l					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b									
4a	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)?	4a		✓					
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.								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	·	√					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	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?	6a		✓					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
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?	9a							
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	are so receipted, intolled a city of the city and city a								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders		:						
a	Gross income from members or shareholders								
b	against amounts due or received from them.)								
40-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120							
b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note. See the instructions for additional information the organization must report on Schedule O.	.54							
b	Enter the amount of reserves the organization is required to maintain by the states in which								
D	the organization is licensed to issue qualified health plans								
_	Enter the amount of reserves on hand								
C	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1					
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_					
<u> </u>	ii Tes, has it lied a Forti 120 to report these payments: II No, provide an explanation in ochedule 0.	للنبيبا	990	(2011)					
		. 5111		,,					

..:

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		/
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		7
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6 7a	Did the organization have members or stockholders?	6 7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	√	ــــــ
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓_
14 15	Did the organization have a written document retention and destruction policy?	14	✓	<u></u>
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		/
_	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 taxable entity during the year?	16a		1
	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?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed VERMONT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records	or the	7	
	organization: ► ORLEX Government Employees Credit Union 5043 US RT 5 Newport, VT 05855	Forr	n 99 0	(2011)

Form 990 (2011)

Page **7**

	,	rage I
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	s, 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. 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 no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
	ĺ			•	C)					
(A)	(B)	///			sition	e than o		(D)	(E)	(F)
Name and Title	Average					ıs both		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	
	week	9 5	3	Го	~	QΙ	Ţ	from	related	other
	(describe hours for	흑	State	Officer	¥	B	Form	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ec g	盲	۳ ا	풀)yer	9	(W-2/1099-MISC)		organization
	organizations	익호	na.	l	Key employee	l " ä	ľ			and related
	in Schedule O)	Individual trustee or director	<u>ਫ਼</u>		8	per				organizations
	0,	ď	Institutional trustee			Highest compensated employee		}		
						-	-	 	<u> </u>	
(1) Jennie Dion, President]				
	1	✓						0	0	0
(2) Susan Best, First Vice President										
		1	$ldsymbol{ld}}}}}}$					0	0	0
(3) Hanford Biron, Second Vice President		_								
	<u> </u>	✓	_					0	0	0
(4) Marie Westlake, Secretary										
		✓	L		<u> </u>			0	0	0
(5) John Wilda, Treasurer										
	<u> </u>	✓		_			L	0	0	0
(6) Donald Howell, Director				i		1		ļ		
		/	_					0	0	0
(7) Edward Brochu, Jr., Director										
		✓			<u> </u>			0	0	0
(8) Judy Jenne, Manager										
	40				✓	ļ	igspace			
(9) Leighann Champney, Clerk	1]				
	32		_		✓		L.			
(10) Karen Camber, Clerk										
	32				✓					
(11) Corinna Lancaster]]]]]		
	21						✓			<u>. </u>
(12)										
(13)										
(14)	-						-			
J	1		l				l	1	l i	

.:

· a· ·	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
						C)									
	(A)	(B)	(do n	ot ch		ition more	than o	nne	(D)	(E)			(F)		
	Name and title	Average					is both		Reportable	Reportab			ımated		
		hours per week	office	r and	ad	rect	or/trust	r/trustee) compensation compensation from amount of							
		(describe	유	Inst	Officer	<u>₹</u>	em]	Former	the	organizatio	ns		ensatio	on	
		hours for	Individual trustee or director	Institutional	cer	Key employee	hest	ਜ਼	organization	nization (W-2/1099-MISC) from the					
		related organizations	tor tal t	ona		plo	ee	'	(W-2/1099-MISC)				nızatıor related		
		ın Schedule	rust	쿹		yee	npe						nization		
		O)	8	l trustee			Highest compensated employee				1				
							e.								
(15)										!					
					Щ										
(16)															
								_	[
(17)															
								<u> </u>							
(18)															
	_			\dashv		-		_							
(19)															
(0.0)								_							
(20)															
(04)				-	_										
(21)											İ				
(22)				\dashv											
(22)															
(23)															
32.2/											1				
(24)						\Box						-			
3 = -7/											•				
(25)															
<u> </u>											1				
1b	Sub-total							▶		-					
С	Total from continuation sheets to Part	VII, Sectio	n A					▶							
d	Total (add lines 1b and 1c)														
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received mo	ore than \$10	00,000	of			
	reportable compensation from the organi	zation 🟲													
		-											Yes	No	
3	Did the organization list any former of									est compe	nsated				
	employee on line 1a? If "Yes," complete S										•	3		✓	
4	For any individual listed on line 1a, is the	sum of rep	oortal	ole d	com	per	nsatio	n a	nd other comp	ensation fro	om the				
	organization and related organizations	greater that	an \$1	50,	000	? If	"Ye	s, "	complete Sch	edule J fo	r such	1		١.	
	ındıvıdual			•	•	•	•			• • •		4	ļ	✓	
5	Did any person listed on line 1a receive o	r accrue co	mpei	nsat	ion	fror	n any	un,	related organiz	ation or ind	lividual	l _			
	for services rendered to the organization?	? If "Yes," c	ompl	ete .	Sch	edu	ile J f	or s	such person	<u>.</u>	· · <u> </u>	5		✓	
Section	n B. Independent Contractors										A 100				
1	Complete this table for your five highest of	compensate	ed inc	depe	ende	ent (contr	acto	ors that receive	d more tha	n \$100,	000 o	 !		
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	n or within i	ine orga	anizati	on's เ	ах	
	year.														
	(A)	race							(B) Description of s	ervices	C	(C) :ompen			
	Name and business add								2000,000,000						
								 					_		
								 							
								 							
								\vdash							
	Total number of independent contracto	ra (maludia	a h	+	ot I	imit	od +-	<u> </u>	ose listed she	NA) Who					
2	received more than \$100,000 of compens	sation from	the o	rgan	บเ I 11781	tion	عن الا	, ui	iose listed abt	, vo, vviio					

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
ts ts	1a	Federated campaigns 1a					
ran	b	Membership dues 1b					
S, G	С	Fundraising events 1c					
ar /	d	Related organizations 1d				:	
s, G	е	Government grants (contributions) 1e					
tion r S	f	All other contributions, gifts, grants,					
the		and similar amounts not included above 1f	ľ				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$					
an G	h	Total. Add lines 1a-1f	. ▶				
Program Service Revenue		Business	Code	_			
eve	2a	Interest Income on Loans			308,704.35		
e R	b	Program Service Fees			38,508.84		
ξi	C	Other Program Fees			354.64		
Se	d						
raff	e	All all					
ē.	f	All other program service revenue .		247 567 02			
	<u>g</u> 3	Total. Add lines 2a–2f	. D	347,567.83			
	3	and other similar amounts)	erest,				4,674.99
	4	Income from investment of tax-exempt bond procee	<u> </u>				4,074.55
	5	Royalties	_				
		(i) Real (ii) Perso					
	6a	Gross rents					
	b	Less rental expenses					,
	С	Rental income or (loss)					
	d	Net rental income or (loss)	. ▶			-	
	7a	Gross amount from sales of (i) Securities (ii) Oth	ner				
		assets other than inventory					
	b	Less: cost or other basis	ļ				
		and sales expenses .		Į			
	C	Gain or (loss)			-		
	d	Net gain or (loss)	. •				
uge	8a	Gross income from fundraising					
Š		events (not including \$	ŀ				
Other Reven		of contributions reported on line 1c) See Part IV, line 18 a					
ਰੋ∣	b	Less: direct expenses b					
_	С	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					
	L				:		
	b	Less: cost of goods sold b Net income or (loss) from sales of inventory	—				
ł	<u> </u>	Miscellaneous Revenue Business					
}	11a	Gains (Loss) on Investments		1			
	b	Loan Related Insurance Rebate				2,289.55	
	C	ATM Service Charge Income				460.50	
	d	All other revenue			403 25		
	e	Total. Add lines 11a–11d	. ▶	3,153.30			
	12	Total revenue. See instructions	. ▶ □	355,396.12	347,971 08	2,750 05	4,674 99

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						
	t include amounts reported on lines 6b, 7b, , 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					
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	53,389.85 132,116.07				
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 8	Other salaries and wages	11,062.17				
9	Other employee benefits	10,874.50				
10	Payroll taxes					
11	Fees for services (non-employees):					
а	Management					
b	Legal					
С	Accounting					
d	Lobbying					
е	Professional fundraising services See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion	2,633.17				
13	Office expenses	22,716 83				
14	Information technology	7,102 50				
15	Royalties					
16	Occupancy	16,812.10				
17	Travel	2,537.63				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .	2,000.74				
20	Interest					
21	Payments to affiliates	1,833.82				
22	Depreciation, depletion, and amortization .	14,464.57				
23	Insurance	8,167 66			<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)					
		30,318.93				
a	Program Service Expenses Provision For Loan and Lease Losses	20,927.64	 			
b		4,712.89				
C	Other Misc.	12,760.80				
d	Share Insurance	12,700.00				
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	354,431.87				
26	Joint costs. Complete this line only if the	55.,451.57				
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)					

Part X **Balance Sheet** (A) (B) Beginning of year End of year 107,535.08 90,514 78 1 1 2 Savings and temporary cash investments 683.926.22 2 723,915.10 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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' beneficiary organizations (see instructions) Assets 7 4,237,957.49 7 4,677,281.55 8 8 Prepaid expenses and deferred charges . . . 10,560.69 9 13,142.74 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 79,894.66 Less: accumulated depreciation 45,501.19 10c 10b 43,167.04 36,727 62 11 11 12 Investments—other securities. See Part IV. line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 45,030.19 15 15 46,625.55 Other assets. See Part IV, line 11 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 5,130,510.86 16 5,588,207.34 22,725.31 17 21,308.90 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key 22 Liabilities employees, highest compensated employees, and disqualified persons. 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 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 4,663,962.86 5,119,278 68 25 4,685,271.76 26 5,142,003.99 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 446,203.35 445,239.10 32 Retained earnings, endowment, accumulated income, or other funds. 32 446,203.35 445,239.10 33 33 5.588.207 34 5,130,510 86 34 Form **990** (2011)

Par	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			96.12
2	Total expenses (must equal Part IX, column (A), line 25)	2			31.87
3	Revenue less expenses. Subtract line 2 from line 1	3			64.25
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		445,2	39.10
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
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		446,2	03.35
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: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		√
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.	•			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the ye	ar were			
	issued on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate 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?		За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the			<u> </u>
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
			Forn	990	(2011)
					,

SCHEDULE D (Form 990)

Supplemental Financial Statements

2011

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name (of the organization		Employe	er identification number
ORLE	X Government Employees Credit Union			03-0211553
Pai	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Fundarm 990, Part IV, line 6.	nds or A	Accounts. Complete if the
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, subject			
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit?	nors, and donor advisors in writing that gran	nt funds or any o	s can be used other purpose
Par		lete if the organization answered "Yes"		
1	Purpose(s) of conservation easements held to Preservation of land for public use (e.g., to Protection of natural habitat	recreation or education) Preservation or		corically important land area fied historic structure
2	Preservation of open space Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion held a qualified conservation contribution	on in the	e form of a conservation
	man your		Г	Held at the End of the Tax Year
а	Total number of conservation easements .		 	2a
b	Total acreage restricted by conservation eas			2b
c	Number of conservation easements on a cer			2c
d	Number of conservation easements include	• •	-	20
u	historic structure listed in the National Regist		1	2d
3	Number of conservation easements modified tax year ▶			
4 5	Number of states where property subject to Does the organization have a written poliviolations, and enforcement of the conservat	cy regarding the periodic monitoring, ins		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	easeme	ents during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ease	ements (during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		of section	on 170(h)(4)(B)
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the	ports conservation easements in its revenue text of the footnote to the organization's fin	e and ex	pense statement, and statements that describes the
	organization's accounting for conservation e			
Part	III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.	Other	Similar Assets.
1a	If the organization elected, as permitted und works of art, historical treasures, or other	der SFAS 116 (ASC 958), not to report in its	revenu	e statement and balance sheet
	public service, provide, in Part XIV, the text of	of the footnote to its financial statements tha	at descri	bes these items.
b	If the organization elected, as permitted unworks of art, historical treasures, or other public service, provide the following amounts	simılar assets held for public exhibition, ec	revenue ducation	e statement and balance sneet a, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII,			. ▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works following amounts required to be reported up	of art, historical treasures, or other similar	r assets	for financial gain, provide the
а	Revenues included in Form 990, Part VIII, lin	e1		. > \$

Pan	Urganizations Maintaining	Collections of	Art, His	torical 1	Treasures	s, or O	ther Similar 🗚	Assets	(contin	ued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, ched	ck any of th	ne follo	wing that are a	signıfic	ant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchan	ge proc	ırams			
b	☐ Scholarly research									
С	☐ Preservation for future generations	8								
4	Provide a description of the organization XIV.	tion's collections	and expl	ain how t	hey further	the or	ganization's ex	empt pu	ırpose iı	n Parl
5	During the year, did the organization assets to be sold to raise funds rather								V [7 N.
Part						_			Yes _	
_ ui	line 9, or reported an amoun	_	•	_	gariizatiori	answe	ied les tol	Oiiii 3.	50, i ai	ιιν,
	Is the organization an agent, trustee				or contribu	tions o	r other assets	not		
	included on Form 990, Part X?								Yes [] No
b	If "Yes," explain the arrangement in Pa	art XIV and compl	lete the fo	ollowing t	able:			Amount		
С	Beginning balance					10	_			
ď	Additions during the year					10				
e	Distributions during the year					16	- 			
f	Ending balance					11				
2a	Did the organization include an amoun							$\overline{}$	Yes [1 No
	If "Yes," explain the arrangement in Pa		מונ א, וווופ	:21: .				. ப	163] 140
Par			zation ar	ewered	"Vee" to I	Form 9	On Part IV lir	20 10		
ı aı	Endowment runds: comple	(a) Current year		or year	(c) Two year		(d) Three years ba		our years	back
10	Beginning of year balance	(a) carroni your	(3)		(0) 1110 300	- Duon	(a) mad yourd be	3'	- Jours	
1a b	Contributions				 			- ` -		
	Net investment earnings, gains, and						<u> </u>			
·	losses									
a										
đ	Grants or scholarships Other expenditures for facilities and							\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
е	programs							• .		
f	Administrative expenses									-
g	End of year balance							,		
2	Provide the estimated percentage of t	he current vear er	nd balanc	e (line 1a	, column (a	a)) held	as:			
а	Board designated or quasi-endowmer		%	, ,	,					
b	Permanent endowment ▶	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2		00%.							
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the		
	organization by:								Yes	No
	(i) unrelated organizations							. За	(i)	
	(ii) related organizations							. 3a	(ii)	
b	If "Yes" to 3a(ii), are the related organi	zations listed as r	equired o	n Sched	ule R? .			. 31	b	
4	Describe in Part XIV the intended uses	of the organizati	on's endo	owment f	unds.					
Part	VI Land, Buildings, and Equip	ment. See Forn	n 990, P	art X, lin	e 10.					
	Description of property	(a) Cost or o		1 ' '	or other basis other)		Accumulated epreciation	(d) (Book value	₽
	Land					5. Car	9*			
b	Buildings					, , , , ,				
c	Leasehold improvements		_		_					
d	Equipment				79894.66		43167.04		367	27.62
e	Other									
	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part 2	K. column	(B), line 10)(c).)	•	,	367	27 62

Part VII	Investments-Other Securit	ties. See Form 990, Part X, I	ine 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financia	ll derivatives		
(2) Closely-	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)	(h)		
	(b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Rela		line 12
Part VIII			
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)			
	(b) must equal Form 990, Part X, col (B) line 13)) >	
Part IX	Other Assets. See Form 990		
		(a) Description	(b) Book value
(1) Nationa	al Credit Union Share Insurance Fund	(NCUSIF)	46,625 55
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)		<u>, , , , , , , , , , , , , , , , , , , </u>	
(9)			
(10)	(I)	V (D) (m- 15)	
	umn (b) must equal Form 990, Part		
Part X	Other Liabilities. See Form 9 (a) Description of liability	(b) Book value	
1. (1) Fodora	l income taxes	1,037.00	
		1,609,692.65	
(2) Shares		393,609.69	
	ates of Deposit	2,907,419.82	
(5) Clubs	ates of Deposit	2,127.51	
(6) Money	Markets	205,392.01	
(7)			
(8)			
(9)			
(10)			
(11)	-		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25.		<u></u>
2. FIN 48 (A	ASC 740) Footnote. In Part XIV, prov	vide the text of the footnote to t	he organization's financial statements that reports the
organizatio	n's liability for uncertain tax position	ns under FIN 48 (ASC 740).	

Page	

				r age ¬
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Finan		nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments	4	4	
5	Donated services and use of facilities	[5	
6	Investment expenses	[6	6	
7	Prior period adjustments	7	7	
8	Other (Describe in Part XIV.)	[8	3	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	1	0	
Part	XII Reconciliation of Revenue per Audited Financial Statements With R	evenue per F	≀etu	rn
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Ī		
а	Net unrealized gains on investments			
b	Donated services and use of facilities	1.	* .	
С	Recoveries of prior year grants		:	
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	-	3	
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.)		•	
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	5	
	XIII Reconciliation of Expenses per Audited Financial Statements With I			turn
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · · ·	•	
a	Donated services and use of facilities		ا ما توان ا ما توان	
b	Prior year adjustments		`	
c	Other losses		,	
d	Other (Describe in Part XIV.)	-	in i	
e	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	· · · ·	·	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV.)			
	Add lines 4a and 4b		4с	
С 5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).		5	
	XIV Supplemental Information	<u> </u>	<u> </u>	
Comp Part V	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and diditional information.	es 1a and 4; Pa 4b. Also compl	rt IV, lete t	lines 1b and 2b; his part to provide

schedule D (Fo	rm 990) 2011	Page 5
Part XIV	Supplemental Information (continued)	
		
·		
		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ORLEX Government Employees Credit Union

Employer identification number

03-0211553

Pa	Excess Benefit Transactions Complete if the organization as	(section	501(c)(3 "Yes" o	3) and section 501(c)(n Form 990, Part IV,	(4) organiz line 25a c	zations only). or 25b, or Foi	rm 99	0-EZ,	Part '	V, lıne	40b.			
											(c) Corrected?			
1	(a) Name of disqualified person				(b) Description of transaction				Yes	No				
(1)														
(2)														
(3)														
(4)			_											
(5)														
(6)														
2	Enter the amount of tax imposed under section 4958			ion managers or dis					ar ► \$;				
3	Enter the amount of tax, if any, on li	ne 2, abo	ove, reim	nbursed by the organ	ization			!	▶ \$					
Dor	t II Loans to and/or From Interes	And Day												
Par	Complete if the organization ar			n Form 990, Part IV,	line 26, o	r Form 990-E	Z, Pa	ırt V, I	ine 38	3a.	<u>-</u> .			
	(a) Name of interested person and purpose		to or from anization?	(c) Original principal amount	(d) B	(d) Balance due		due (e) In default?		(e) In default? (f) Approved by board or committee?		ard or	or agreemen	
		То	From				Yes	No	Yes	No	Yes	No		
(1)	see attached Part V													
(2)					Î									
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Tota				▶ \$,						
Par	Grants or Assistance Benefit Complete if the organization ar	i ng Inte i nswered	r ested P "Yes" or	Persons. n Form 990, Part IV, I	line 27.									
	(a) Name of interested person	(b) Re	elationship	between interested person organization	n and the	(c) A	Amount	and ty	pe of a	ssistan	ce			
(1)														
(2)														
(3)														
(4)														
(5)														
(6)												_		
(7)								_						
(8)														
(9)														
(10)														
F D	lenement Reduction Act Notice see the	Instruct	ione for l	Form 990 or 990-F7	Cat No	50056A	Sche	dule L	(Form	990 or	990-EZ	2011		

- ;

Part IV	Business Transactions Involvi Complete if the organization and	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a, 2	8b, or 28c.	•			
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	(e) Sharing of organization's revenues?		
					Yes	No		
(1)								
(2)								
(3)						_		
(4)				 		ļ		
(5) (6)								
(7)					+			
(8)								
(9)								
(10)								
Part V	Supplemental Information Complete this part to provide ac							
Schedule	L, Part II: Loans to Interested Parties		chedule L Part II. "E)		nion mad	e to		
an Interes	ted Person on the same terms as off	fered to other members of the				·		
					· 			
						••		
								
						 -		
-								

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

ORLEX Government Employees Credit Union	03-0211553
Part VI Line 6: The credit union is organized as a non-profit; members have the right to participate in t	the credit union's governance.
Part VI Line 7a: Per the By-Laws of the credit union, members hold a share of the credit union and have	ve the right to elect members of the
Board of Directors	
Part VI Line 7b: Per the By-Laws of the credit union, the members vote on the limits of borrowing pow	er granted to the Board of Directors.
Part VI Line 11b: Method of review by governing body: Discussion and acceptance of Form 990 for ac	curacy and integrity.
Part VI Line 12c: Monitoring of the Conflict of Interest Policy is done periodically by the Board of Direct	ctors and Supervisory Committee.
Part VI Line 19: Documents are made available to the public by providing copies on request, and by p	osting documents in the lobby.
	······································

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
ORLEX Government Employees Credit Union	03-0211553
	· · · · · · · · · · · · · · · · · · ·
,	
