

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>TENNESSEE VALLEY FEDERAL CREDIT UNION PROFIT SHARING AND 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1986</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>TENNESSEE VALLEY FEDERAL CREDIT UNION</u> <u>P.O. BOX 23967</u> <u>CHATTANOOGA, TN 37422</u>	2b Employer Identification Number (EIN) <u>62-0156595</u> 2c Sponsor's telephone number <u>423-634-3564</u> 2d Business code (see instructions) <u>522130</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/31/2012</u>	<u>VALERIE GIFFORD</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/31/2012</u>	<u>TODD FORTNER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TENNESSEE VALLEY FEDERAL CREDIT UNION P.O. BOX 23967 CHATTANOOGA, TN 37422	3b Administrator's EIN 62-0156595 3c Administrator's telephone number 423-634-3564
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	269
---	----------	-----

6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	226
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	31
d Subtotal. Add lines 6a , 6b , and 6c	6d	257
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	257
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	255
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>TENNESSEE VALLEY FEDERAL CREDIT UNION PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TENNESSEE VALLEY FEDERAL CREDIT UNION</u>	D Employer Identification Number (EIN) <u>62-0156595</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CUNA BROKERAGE SERVICES 715 MARKET STREET
CHATTANOOGA, TN 37402

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CUNA BROKERAGE SERVICES

715 MARKET STREET
CHATTANOOGA, TN 37402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 63	BROKERAGE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 64 99	RECORD KEEPER	10516	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 4500 MAIN STREET KANSAS CITY, MO 64111	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASCENSUS	15 60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.	
<hr/>		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CUNA BROKERAGE SERVICES	33 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY INVESTMENTS 4500 MAIN STREET KANSAS CITY, MO 64111	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CUNA BROKERAGE SERVICES	33 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>TENNESSEE VALLEY FEDERAL CREDIT UNION PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TENNESSEE VALLEY FEDERAL CREDIT UNION</u>	D Employer Identification Number (EIN) <u>62-0156595</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250326	263780
(2) Participant contributions	1b(2)	19044	20808
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	601638	545515
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	9484324	9860515
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10355332	10690618

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10355332	10690618
---	-----------	----------	----------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	536642	
(B) Participants	2a(1)(B)	526653	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1063295

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27672	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		27672

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	96589	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		96589

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-434790
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		752766

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	382090	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		382090
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		24874
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	10516	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10516
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		417480

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		335286
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: HAZLETT, LEWIS AND BEITER (2) EIN: 62-0509553

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>TENNESSEE VALLEY FEDERAL CREDIT UNION PROFIT SHARING AND 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TENNESSEE VALLEY FEDERAL CREDIT UNION</u>	D Employer Identification Number (EIN) <u>62-0156595</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>45-0404698</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**TENNESSEE VALLEY
FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN**

FINANCIAL REPORT

DECEMBER 31, 2011

CONTENTS

	<u>Page</u>
REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS	1
FINANCIAL STATEMENTS	
Statements of net assets available for benefits (modified cash basis)	2
Statement of changes in net assets available for benefits (modified cash basis)	3
Notes to financial statements	4-10
SUPPLEMENTAL SCHEDULE	
Schedule I – Schedule of assets held at end of year (modified cash basis)	11

Report of Independent Certified Public Accountants

To the Investment Committee
Tennessee Valley Federal Credit Union
Profit Sharing and 401(k) Plan
Chattanooga, Tennessee

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of Tennessee Valley Federal Credit Union Profit Sharing and 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2011, and the supplemental schedule, "Schedule H, Line 4i – Schedule of Assets Held at End of Year (modified cash basis)," as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, which was certified or provided by Ascensus, the recordkeeper of the Plan as agent for Frontier Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's assets and executes transactions. The plan administrator has obtained a certification from the agent on behalf of the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the plan administrator by the agent on behalf of the custodian as of and for the year ended December 31, 2011, and as of December 31, 2010.

As described in Note 1, these financial statements and the supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the agent of the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Hazlett, Lewis & Bieter, PLLC

Chattanooga, Tennessee
July 26, 2012

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 9,860,515	\$ 9,484,325
Receivables:		
Notes from participants	<u>543,006</u>	<u>600,299</u>
Net assets available for benefits	<u>\$10,403,521</u>	<u>\$10,084,624</u>

The Notes to Financial Statements are an integral part of these statements.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
Year Ended December 31, 2011

Investment income (loss):	
Net depreciation in fair value of investments	\$ (434,794)
Interest and dividends	<u>123,068</u>
Total investment loss	<u>(311,726)</u>
Participant contributions	525,008
Employer contributions	<u>523,188</u>
Total contributions	<u>1,048,196</u>
Total additions	<u>736,470</u>
Benefits paid to participants	406,964
Administrative expenses	<u>10,609</u>
Total deductions	<u>417,573</u>
Net increase	318,897
Net assets available for benefits:	
Beginning of year	<u>10,084,624</u>
End of year	<u><u>\$10,403,521</u></u>

The Notes to Financial Statements are an integral part of this statement.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1. Summary of Significant Accounting Policies and Plan Characteristics

Description of plan:

The following description of Tennessee Valley Federal Credit Union Profit Sharing and 401(k) Plan provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Plan, established January 1, 1986, is a defined contribution employee benefit plan covering persons regularly employed by Tennessee Valley Federal Credit Union. Employees become participants in the Plan after completing six months of service and attaining the age of 21 years. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

The Plan is a contributory plan whereby an employee who elects to participate can contribute a percentage of the participant's compensation subject to limitations as defined by the Internal Revenue Service. The Credit Union matches employee contributions at 100 percent of employees' contributions up to 3 percent of compensation and 50 percent for contributions over 3 percent up to 5 percent of compensation for a maximum match of 4 percent. In addition, an additional percentage determined by the Board of Directors is contributed at year-end to all eligible employees whether or not they are making a contribution. Participants direct the investment of the contributions into various investment options offered by the Plan. Participants are provided a choice of up to thirty-six (36) portfolios with various risk levels and objectives.

Participant accounts:

Each participant's account is credited with the participant's contribution, the Credit Union's contribution and an allocation of earnings. The employer's contribution is allocated to each participant's account based on the employee's compensation for the plan year. Earnings are allocated based on the proportion of the participant's account balance at the preceding valuation date to the total of all participant accounts.

Vesting:

Participants are immediately vested in both employee and employer contributions.

Notes receivable from participants:

Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates from 4.25% to 9.25%, which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest is paid ratably through monthly payroll deductions.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1. Summary of Significant Accounting Policies and Plan Characteristics (continued)

Notes receivable from participants: (continued)

Notes receivable from participants are measured at their unpaid principal balance. Interest is recognized when received. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Payment of benefits:

The Plan provides that a participant may begin receiving normal retirement benefits upon attaining the age of 65. Retirement benefits may be made by lump-sum distribution or periodic distributions not exceeding the participant's life expectancy.

Basis of accounting:

The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. Investment income and contributions are recognized when received rather than when earned, and expenses are recognized when paid rather than when the obligation is incurred. Additionally, investments are reflected at fair value. Accordingly, the financial statements are not intended to present the net assets and changes in net assets of the Plan in conformity with accounting principles generally accepted in the United States of America.

Administrative expenses:

Under the terms of the Plan, administrative expenses are paid by the Plan. If not paid by the Plan, the expenses shall become a liability of the employer. The employer may reimburse the Plan for any administrative expenses incurred and such reimbursement shall not be considered as an employer contribution.

Plan administration:

The plan administrator is the plan sponsor, Tennessee Valley Federal Credit Union. The administrator supervises the operation of the Plan, interprets the meaning of provisions in the Plan, determines eligibility for participation and benefits, and decides when benefits are to be paid in accordance with the terms of the Plan.

Trustee:

The Trustee of the Plan is Oppenheimer Trust Company. The Trustee serves under the terms of a trust agreement which provides for the investment of trust funds and prescribes the powers, duties, obligations and functions of the Trustee.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 1. Summary of Significant Accounting Policies and Plan Characteristics (continued)

Estimates:

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Subsequent events:

Management performed an evaluation of subsequent events through July 26, 2012, the date these financial statements were available to be issued.

Note 2. Plan Termination

Although it has not expressed any intent to do so, the employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 3. Investments

All of the Plan's assets are held by the Custodian, Frontier Trust Company. The amounts set forth in the accompanying financial statements for investments, income from investments, notes receivable from participants and the information shown in the attached supplementary schedule (Schedule I) were summarized from information furnished by Ascensus, the recordkeeper of the Plan as agent for the Custodian, as of and for the year ended December 31, 2011, and as of December 31, 2010. The plan administrator has received from the agent on behalf of the Custodian a certification that the information furnished by the Custodian is complete and accurate.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 3. Investments (continued)

The fair value of each of the Plan's investments representing 5 percent or more of the Plan's net assets at December 31, 2011 and 2010, is as follows:

	<u>2011</u>	<u>2010</u>
Oppenheimer Global Opportunities Fund	\$ 841,063	\$ 905,649
Oppenheimer Capital Appreciation Fund	964,690	996,883
Oppenheimer Discovery Fund	933,127	985,963
Oppenheimer Main Street Fund	598,021	595,028
Oppenheimer Cash Reserves Fund	<u>2,598,708</u>	<u>1,889,569</u>
	5,935,609	5,373,092
All other investments	<u>3,924,906</u>	<u>4,111,233</u>
	<u>\$9,860,515</u>	<u>\$9,484,325</u>

During 2011, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) depreciated in value by \$434,794.

Note 4. Tax Status of the Plan

The Plan obtained its latest determination letter on December 8, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan's administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The plan administrator has evaluated tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no tax audits in progress. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2008.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 6. Party-In-Interest Transactions

Certain plan investments are shares of mutual funds managed by Oppenheimer Trust Company. Oppenheimer Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, Ascensus provided record keeping services to the Plan, and therefore, these transactions qualify as party-in-interest transactions. Amounts paid for these services amounted to \$10,609 for the year ended December 31, 2011.

Note 7. Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 7. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

Mutual funds: Valued at the net asset value of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

	Balance as of December 31, 2011	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Mutual funds:				
Cash reserves fund	\$2,598,708	\$2,598,708	\$ -	\$ -
Fixed income funds	817,103	817,103	-	-
Growth funds	4,376,317	4,376,317	-	-
Blend funds	1,350,507	1,350,507	-	-
Value funds	<u>717,880</u>	<u>717,880</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$9,860,515</u>	<u>\$9,860,515</u>	<u>\$ -</u>	<u>\$ -</u>

	Balance as of December 31, 2010	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
Mutual funds:				
Cash reserves fund	\$1,889,569	\$1,889,569	\$ -	\$ -
Fixed income funds	741,554	741,554	-	-
Growth funds	4,797,146	4,797,146	-	-
Blend funds	1,323,768	1,323,768	-	-
Value funds	<u>732,288</u>	<u>732,288</u>	<u>-</u>	<u>-</u>
Total assets at fair value	<u>\$9,484,325</u>	<u>\$9,484,325</u>	<u>\$ -</u>	<u>\$ -</u>

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2011 and 2010

Note 7. Fair Value Measurements (continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the period. For the year ended December 31, 2011, there were no transfers in or out of Levels 1, 2 or 3.

Note 8. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per Schedule H of Form 5500	\$10,690,618	\$10,355,332
Adjustment for accrued but unpaid interest on notes receivable from participants	(2,509)	(1,339)
Adjustment for contributions receivable	<u>(284,588)</u>	<u>(269,369)</u>
Net assets available for benefits per the financial statements	<u>\$10,403,521</u>	<u>\$10,084,624</u>

TENNESSEE VALLEY FEDERAL CREDIT UNION
PROFIT SHARING AND 401(k) PLAN
EIN 62-0156595

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD AT END OF YEAR
(MODIFIED CASH BASIS)
December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Oppenheimer Funds Services	Champion Income Fund	N/A	\$ 9,559
*	Oppenheimer Funds Services	Global Opportunities Fund	N/A	841,063
*	Oppenheimer Funds Services	U.S. Government Trust Fund	N/A	9,356
*	Oppenheimer Funds Services	Rising Dividends Fund	N/A	206,615
*	Oppenheimer Funds Services	Strategic Income Fund	N/A	288,625
*	Oppenheimer Funds Services	Quest Opportunity Value Fund	N/A	461,394
*	Oppenheimer Funds Services	Quest International Fund	N/A	19,287
*	Oppenheimer Funds Services	Small & Mid Cap Value Fund	N/A	374,764
*	Oppenheimer Funds Services	Global Allocation Fund	N/A	475,623
*	Oppenheimer Funds Services	Core Bond Fund	N/A	357,274
*	Oppenheimer Funds Services	Capital Income Fund	N/A	47,995
*	Oppenheimer Funds Services	Capital Appreciation Fund	N/A	964,690
*	Oppenheimer Funds Services	Global Fund	N/A	58,580
*	Oppenheimer Funds Services	Value Fund	N/A	260,920
*	Oppenheimer Funds Services	Gold & Special Minerals Fund	N/A	119,519
*	Oppenheimer Funds Services	Equity Fund	N/A	60,892
*	Oppenheimer Funds Services	Discovery Fund	N/A	933,127
*	Oppenheimer Funds Services	Main Street Fund	N/A	598,021
*	Oppenheimer Funds Services	Commodity Strategy Total Return Fund	N/A	122,598
*	Oppenheimer Funds Services	Developing Markets Fund	N/A	180,186
*	Oppenheimer Funds Services	International Small Company Fund	N/A	185,659
*	Oppenheimer Funds Services	International Growth Fund	N/A	180,099
*	Oppenheimer Funds Services	International Bond Fund	N/A	39,047
*	Oppenheimer Funds Services	Active Allocation Fund	N/A	55,292
*	Oppenheimer Funds Services	Equity Income Fund	N/A	14,914
*	Oppenheimer Funds Services	Conservative Investor Fund	N/A	9,210
*	Oppenheimer Funds Services	Moderate Investor Fund	N/A	15,789
*	Oppenheimer Funds Services	Portfolio Series: Equity Investor Fund	N/A	641
*	Oppenheimer Funds Services	Cash Reserves Fund	N/A	2,598,708
*	Oppenheimer Funds Services	LifeCycle Transition 2015 Fund	N/A	87,328
*	Oppenheimer Funds Services	LifeCycle Transition 2020 Fund	N/A	12,666
*	Oppenheimer Funds Services	LifeCycle Transition 2025 Fund	N/A	19,401
*	Oppenheimer Funds Services	LifeCycle Transition 2030 Fund	N/A	3,534
*	Oppenheimer Funds Services	LifeCycle Transition 2040 Fund	N/A	56,794
*	Oppenheimer Funds Services	LifeCycle Transition 2050 Fund	N/A	34,665
N/A	American Century	American Century Ultra Advisor Fund	N/A	156,680
*	Notes receivable from participants	Loans to participants, 4.25% - 9.25%	-	543,006
				<u>\$10,403,521</u>

*Represents a party-in-interest

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: TENNESSEE VALL PROFIT SHARING AND 401(K) PLAN

Plan Number: 710972

Broker Dealer: Cuna Brokerage Services

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
OACIX	Oppenheimer Port Series: Conserv Inv A	12.17 dollars per fund position	25 basis points
CRSXX	Oppenheimer Cash Reserves A	12.17 dollars per fund position	19 basis points
OPASX	Oppenheimer Balanced Fund A	12.17 dollars per fund position	25 basis points
OIGAX	Oppenheimer Intl Growth Fund A	12.17 dollars per fund position	25 basis points
OIBAX	Oppenheimer International Bond Fund A	12.17 dollars per fund position	25 basis points
OEQAX	Oppenheimer Equity Fund A	12.17 dollars per fund position	25 basis points
ODMAX	Oppenheimer Developing Markets Fund A	12.17 dollars per fund position	25 basis points
OARDX	Oppenheimer Rising Dividends Fund A	12.17 dollars per fund position	25 basis points
OPGIX	Oppenheimer Global Opportunities Fund A	12.17 dollars per fund position	25 basis points
OAEIX	Oppenheimer Equity Income Fund A	12.17 dollars per fund position	25 basis points
OPGSX	Oppenheimer Gold & Special Minerals Fd A	12.17 dollars per fund position	25 basis points
OAAIX	Oppenheimer Portfolio Series: Equity Inv	12.17 dollars per fund position	25 basis points
OAAAX	Oppenheimer Port Series: Active Alloc A	12.17 dollars per fund position	25 basis points
MSIGX	Oppenheimer Main Street Fund A	12.17 dollars per fund position	25 basis points
CGRWX	Oppenheimer Value Fund A	12.17 dollars per fund position	25 basis points
QIVAX	Oppenheimer Quest International Fund A	12.17 dollars per fund position	24 basis points
OUSGX	Oppenheimer US Govt Trust Fund A	12.17 dollars per fund position	24 basis points
OSMAX	Oppenheimer International Small CompanyA	12.17 dollars per fund position	24 basis points
OAMIX	Oppenheimer Port Series: Moderate Inv A	12.17 dollars per fund position	25 basis points
OTFAX	Oppenheimer Transition 2015 A	12.17 dollars per fund position	25 basis points
QVSCX	Oppenheimer Small- & Mid- Cap Value Fd A	12.17 dollars per fund position	25 basis points
QVOPX	Oppenheimer Quest Opportunity Value Fd A	12.17 dollars per fund position	25 basis points
QVGIX	Oppenheimer Global Allocation Fund A	12.17 dollars per fund position	25 basis points

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description

Plan Name: TENNESSEE VALL PROFIT SHARING AND 401(K) PLAN

Plan Number: 710972

Broker Dealer: Cuna Brokerage Services

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
QRAAX	Oppenheimer Commodity Stratgy Total Ret	12.17 dollars per fund position	25 basis points
OTWAX	Oppenheimer Transition 2020 A	12.17 dollars per fund position	25 basis points
OTTAX	Oppenheimer Transition 2010 A	12.17 dollars per fund position	25 basis points
OTKAX	Oppenheimer Lifecycle Transition 2050 A	12.17 dollars per fund position	25 basis points
OPCHX	Oppenheimer Champion Income Fund A	12.17 dollars per fund position	25 basis points
OTHAX	Oppenheimer Transition 2030 A	12.17 dollars per fund position	25 basis points
TWUAX	American Century Ultra A	25 basis points	25 basis points
OTDAX	Oppenheimer Transition 2025 A	12.17 dollars per fund position	25 basis points
OPTFX	Oppenheimer Capital Appreciation A	12.17 dollars per fund position	25 basis points
OPSIX	Oppenheimer Global Strategic Income A	12.17 dollars per fund position	25 basis points
OPPEX	Oppenheimer Capital Income Fund A	12.17 dollars per fund position	25 basis points
OPPAX	Oppenheimer Global Fund A	12.17 dollars per fund position	25 basis points
OPOCX	Oppenheimer Discovery Fund A	12.17 dollars per fund position	25 basis points
OPIGX	Oppenheimer Core Bond Fund A	12.17 dollars per fund position	25 basis points
OTIAX	Oppenheimer Transition 2040 A	12.17 dollars per fund position	25 basis points

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e)

Formula Description - Additional Fee Notes

Plan Name: TENNESSEE VALL PROFIT SHARING AND 401(K) PLAN

Plan Number: 710972

Broker Dealer: Cuna Brokerage Services

Oppenheimer Funds

Oppenheimer Funds payments to the Broker Dealer:

-Flex A NAV and Flex A Turnkey: 25bps upfront, 25bps trail on all purchases

-Large Case A shares: 25bps upfront for 1st 6 months, 25bps trail on all purchases

-A at NAV: 25 bps trail on all purchases

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name PlanName1

EIN: 62-0156595

Plan Sponsor's Name TENNESSEE VALLEY FEDERAL CREDIT UNION

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Champion Income Fund A	0	9,559
	Oppenheimer	Oppenheimer Global Opportunities Fund A	0	841,063
	Oppenheimer	Oppenheimer US Govt Trust Fund A	0	9,356
	Oppenheimer	Oppenheimer Rising Dividends Fund A	0	206,615
	Oppenheimer	Oppenheimer Global Strategic Income A	0	288,625
	Oppenheimer	Oppenheimer Quest Opportunity Value Fd A	0	461,394
	Oppenheimer	Oppenheimer Small- & Mid- Cap Value Fd A	0	374,764

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer International Value Fund A	0	19,287
	Oppenheimer	Oppenheimer Global Allocation Fund A	0	475,623
	Oppenheimer	Oppenheimer Core Bond Fund A	0	357,274
	Oppenheimer	Oppenheimer Capital Income Fund A	0	47,995
	Oppenheimer	Oppenheimer Capital Appreciation A	0	964,690
	Oppenheimer	Oppenheimer Global Fund A	0	58,580
	Oppenheimer	Oppenheimer Value Fund A	0	260,920

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd A	0	119,519
	Oppenheimer	Oppenheimer Equity Fund A	0	60,892
	Oppenheimer	Oppenheimer Discovery Fund A	0	933,127
	Oppenheimer	Oppenheimer Main Street Fund A	0	598,021
	Oppenheimer	Oppenheimer Commodity Stratgy Total Ret	0	122,598
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	180,186
	Oppenheimer	Oppenheimer International Small CompanyA	0	185,659

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Intl Growth Fund A	0	180,099
	Oppenheimer	Oppenheimer International Bond Fund A	0	39,047
	American Century	American Century Ultra A	0	156,680
	Oppenheimer	Oppenheimer Cash Reserves A	0	2,598,708
	Oppenheimer	Oppenheimer Port Series: Conserv Inv A	0	9,210
	Oppenheimer	Oppenheimer Port Series: Moderate Inv A	0	15,789
	Oppenheimer	Oppenheimer Port Series: Active Alloc A	0	55,292

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____
Plan Sponsor's Name _____

EIN: _____
PN: _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Portfolio Series: Equity Inv	0	641
	Oppenheimer	Oppenheimer Transition 2015 A	0	87,328
	Oppenheimer	Oppenheimer Transition 2020 A	0	12,666
	Oppenheimer	Oppenheimer Transition 2025 A	0	19,401
	Oppenheimer	Oppenheimer Transition 2030 A	0	3,534
	Oppenheimer	Oppenheimer Transition 2040 A	0	56,794
	Oppenheimer	Oppenheimer Lifecycle Transition 2050 A	0	34,665

Plan Name _____ EIN: _____
Plan Sponsor's Name _____ PN: _____

[illegible]