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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089               |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2012</b>                                   |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                    | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                             |                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                              | <b>Basic Plan Information</b> —enter all requested information                                                                                                                           |
| <b>1a</b> Name of plan<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN</u>                                                                                                                                 | <b>1b</b> Three-digit plan number (PN) ► <u>033</u><br><b>1c</b> Effective date of plan <u>01/01/1997</u>                                                                                |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION</u><br><br><u>500 S HARVEY ST</u><br><u>PLYMOUTH, MI 48170</u> | <b>2b</b> Employer Identification Number (EIN) <u>38-1447620</u><br><b>2c</b> Sponsor's telephone number <u>734-453-1200</u><br><b>2d</b> 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.

|                                                                                                            |                                                          |                   |                                                              |
|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | <u>Filed with authorized/valid electronic signature.</u> | <u>08/05/2013</u> | <u>CATHY L MEYERS</u>                                        |
|                                                                                                            | Signature of plan administrator                          | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                       | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                          |                   |                                                              |
|                                                                                                            | Signature of DFE                                         | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional) |                                                          |                   | Preparer's telephone number (optional)                       |
|                                                                                                            |                                                          |                   |                                                              |

|                                                                                                                                                                                        |                                                                                              |                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                    |                                                                                              | <b>3b</b> Administrator's EIN                             |
|                                                                                                                                                                                        |                                                                                              | <b>3c</b> Administrator's telephone number                |
|                                                                                                                                                                                        |                                                                                              |                                                           |
| <b>4</b> 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: |                                                                                              | <b>4b</b> EIN                                             |
| <b>a</b> Sponsor's name                                                                                                                                                                |                                                                                              | <b>4c</b> PN                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                |                                                                                              | <b>5</b> 174                                              |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                 |                                                                                              |                                                           |
| <b>a</b> Active participants.....                                                                                                                                                      | <b>6a</b>                                                                                    | 163                                                       |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                     | <b>6b</b>                                                                                    | 1                                                         |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                      | <b>6c</b>                                                                                    | 18                                                        |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                               | <b>6d</b>                                                                                    | 182                                                       |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                              | <b>6e</b>                                                                                    | 0                                                         |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                | <b>6f</b>                                                                                    | 182                                                       |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                         | <b>6g</b>                                                                                    | 157                                                       |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                             | <b>6h</b>                                                                                    | 5                                                         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                   |                                                                                              | <b>7</b>                                                  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2G 2J 2K 2T 3D      |                                                                                              |                                                           |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                            |                                                                                              |                                                           |
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                              |                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply) |
| <b>(1)</b> <input checked="" type="checkbox"/> Insurance                                                                                                                               | <b>(1)</b> <input checked="" type="checkbox"/> Insurance                                     |                                                           |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts                                                                                                         | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts               |                                                           |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                                                                                                                                   | <b>(3)</b> <input checked="" type="checkbox"/> Trust                                         |                                                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                      | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor                            |                                                           |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                      |                                                                                              |                                                           |
| <b>a Pension Schedules</b>                                                                                                                                                             |                                                                                              | <b>b General Schedules</b>                                |
| <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                                                                                                  | <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)              |                                                           |
| <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                  | <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)            |                                                           |
| <b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                | <b>(3)</b> <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)     |                                                           |
|                                                                                                                                                                                        | <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)       |                                                           |
|                                                                                                                                                                                        | <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) |                                                           |
|                                                                                                                                                                                        | <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)               |                                                           |

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                           |                                                                                                       |
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| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><hr/> <small>Department of Labor<br/>Employee Benefits Security Administration</small><br><hr/> <small>Pension Benefit Guaranty Corporation</small> | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b><br><br>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><hr/> <b>2012</b><br><br><hr/> <b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                          |                                                                    |            |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ►                            | <u>033</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-1447620</u> |            |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

**(a)** Name of insurance carrier

CMFG LIFE INSURANCE COMPANY

| (b) EIN           | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |                   |
|-------------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|-------------------|
|                   |               |                                       |                                                                             | (f) From                | (g) To            |
| <u>39-0230590</u> | <u>62626</u>  | <u>021-0375-6</u>                     | <u>182</u>                                                                  | <u>01/01/2012</u>       | <u>12/31/2012</u> |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 885527**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount ..... **6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 781390**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 97862(2) Dividends and credits ..... **7c(2)** 0(3) Interest credited during the year ..... **7c(3)** 21515(4) Transferred from separate account ..... **7c(4)** 108402(5) Other (specify below) ..... **7c(5)**(6) Total additions ..... **7c(6)** 227779**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1009169**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 83358(2) Administration charge made by carrier ..... **7e(2)** 123(3) Transferred to separate account ..... **7e(3)** 40161(4) Other (specify below) ..... **7e(4)**(5) Total deductions ..... **7e(5)** 123642**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 885527

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....                                           |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2012</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                   |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN               | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>033</u> |
|                                                                                                                   |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION | <b>D</b> Employer Identification Number (EIN)<br><u>38-1447620</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

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

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

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

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**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)

CMFG LIFE INSURANCE COMPANY

39-0230590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 17 34 37 38         | NONE                                                                                              | 58986                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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 |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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 |
|                                                                          |                               |                                                                                     |
| (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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                                 |                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN</u>                      | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>033</u>          |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-1447620</u> |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                           |                               |                                                                                                                   |
|-------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUNA MUTUAL DIVERSIFIED EQUITY FUND</u> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>27-4581779-101</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>70197</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUNA MUTUAL LIFESTYLE INCOME FUND</u>   |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>27-4581779-102</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>358143</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUNA MUTUAL LIFESTYLE CONSERVATIVE</u>  |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>27-4581779-103</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>541086</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUNA MUTUAL LIFESTYLE MODERATE FUND</u> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>27-4581779-104</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>513649</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CUNA MUTUAL LIFESTYLE AGGRESSIVE FD</u> |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a): <u>CMFG LIFE INSURANCE COMPANY</u>      |                               |                                                                                                                   |
| <b>c</b> EIN-PN <u>27-4581779-105</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>711349</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                   |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                            |                               |                                                                                                                   |
| <b>b</b> Name of sponsor of entity listed in (a):                                         |                               |                                                                                                                   |
| <b>c</b> EIN-PN                                                                           | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)               |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2012</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                          |                                                                        |            |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2012 or fiscal plan year beginning <b>01/01/2012</b> and ending <b>12/31/2012</b>                 |                                                                        |            |
| <b>A</b> Name of plan<br><b>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN</b>               | <b>B</b> Three-digit plan number (PN) ►                                | <b>033</b> |
|                                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>38-1447620</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | 218140                | 239645          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1922489               | 2194424         |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 5202526               | 6392296         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 781390                | 885527          |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8124545               | 9711892         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8124545 | 9711892 |
|-----------------------------------------------------------|-----------|---------|---------|

**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) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 483004     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 552115     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 56288      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1091407   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 9008       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 21516      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 30524     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 149349     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 149349    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | 207457    |
| (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) |            | 624668    |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2103405   |

**Expenses**

|                                                                                     |       |        |        |
|-------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....     | 2e(1) | 457072 |        |
| (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) |        | 457072 |
| f Corrective distributions (see instructions) .....                                 | 2f    |        |        |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |        |        |
| h Interest expense.....                                                             | 2h    |        |        |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) |        |        |
| (2) Contract administrator fees .....                                               | 2i(2) | 58986  |        |
| (3) Investment advisory and management fees .....                                   | 2i(3) |        |        |
| (4) Other .....                                                                     | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |        | 58986  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 516058 |

**Net Income and Reconciliation**

|                                                         |       |  |         |
|---------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 1587347 |
| 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: DOEREN MAYHEW

(2) EIN: 38-2492570

**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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**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.).....

**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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               | Yes | No | Amount |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>c</b> 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  |        |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |        |
| <b>d</b> 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  |        |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 500000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |        |
| <b>g</b> 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  |        |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |        |
| <b>h</b> 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  |        |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |        |
| <b>j</b> 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  |        |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     | X  |        |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |        |
| <b>n</b> 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. ....                                      |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |        |

**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) |
|--|--------------|-------------|
|  |              |             |
|  |              |             |
|  |              |             |
|  |              |             |
|  |              |             |

## Part V Trust Information (optional)

**6a** Name of trust

**6b** Trust's EIN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2012</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

|                                                                                                                          |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶<br><u>033</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>38-1447620</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>75-3182674</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

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

- 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 lines (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 line 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS  
ADOPTED BY COMMUNITY FINANCIAL  
MEMBERS FEDERAL CREDIT UNION**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2012**

## **C O N T E N T S**

|                                                                   | <b><u>Page</u></b> |
|-------------------------------------------------------------------|--------------------|
| <b>FINANCIAL STATEMENTS</b>                                       |                    |
| Independent auditor's report                                      | 1                  |
| Statements of net assets available<br>for plan benefits           | 3                  |
| Statement of changes in net assets<br>available for plan benefits | 4                  |
| Notes to financial statements                                     | 5                  |
| <b>ACCOMPANYING INFORMATION</b>                                   |                    |
| Schedule of assets (held at end of year)                          | 18                 |

## Independent Auditor's Report

To the Plan Administrator of the  
**CUNA Mutual Group Trustee 401(k) Multiple Employer Plan as  
adopted by Community Financial Members Federal Credit Union**

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of the CUNA Mutual Group Trustee 401(k) Multiple Employer Plan as adopted by Community Financial Members Federal Credit Union, which comprise the statements of net assets available for plan benefits as of December 31, 2012 and 2011, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2012, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **Basis for Disclaimer of Opinion**

As permitted by 29 CFR 2520.103-8 of the 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 information summarized in Note 6, which was certified by the Custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Custodians hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the Custodians as of and for the years ended December 31, 2012 and 2011 that the information provided to the Plan Administrator by the Custodians is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter**

The supplemental schedule of assets (held at end of year) as of December 31, 2012 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

**Report on Form and Content in Compliance With the Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodians, 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.



DOEREN MAYHEW

July 9, 2013  
Troy, Michigan

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**

|                                                      | <b>December 31,</b>      |                          |
|------------------------------------------------------|--------------------------|--------------------------|
|                                                      | <b>2012</b>              | <b>2011</b>              |
|                                                      | <hr/>                    | <hr/>                    |
| <b>Investments, At Fair Value</b> (notes 2, 3 and 6) |                          |                          |
| Mutual Funds                                         | \$ 6,392,301             | \$ 5,204,922             |
| Common/Collective Trust                              | 2,194,424                | 1,920,093                |
| Stable Value Fund                                    | <hr/> 885,523            | <hr/> 781,390            |
|                                                      |                          |                          |
| Total investments                                    | 9,472,248                | 7,906,405                |
|                                                      |                          |                          |
| <b>Receivables</b>                                   |                          |                          |
| Participant notes                                    | <hr/> 239,645            | <hr/> 218,140            |
|                                                      |                          |                          |
| <b>Net Assets Available for Plan Benefits</b>        | <hr/> <hr/> \$ 9,711,893 | <hr/> <hr/> \$ 8,124,545 |

See accompanying notes to financial statements

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE  
FOR PLAN BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2012

**Additions**

|                                                      |                  |
|------------------------------------------------------|------------------|
| Investment income (note 6)                           |                  |
| Net realized and unrealized loss on investments      | \$ 853,641       |
| Dividend income                                      | <u>149,349</u>   |
| Total investment income                              | 1,002,990        |
| Participant notes interest income                    | 9,008            |
| Contributions (note 1)                               |                  |
| Employee elective contributions                      | 551,972          |
| Employee rollover contributions                      | 56,288           |
| Employer matching contributions (net of forfeitures) | <u>483,147</u>   |
| Total contributions                                  | <u>1,091,407</u> |
| Total additions                                      | 2,103,405        |

**Deductions**

|                               |                |
|-------------------------------|----------------|
| Distributions to participants | 457,072        |
| Administrative fees           | <u>58,985</u>  |
| Total deductions              | <u>516,057</u> |

|                                                                   |                            |
|-------------------------------------------------------------------|----------------------------|
| <b>Increase in Net Assets</b>                                     | 1,587,348                  |
| <b>Net Assets Available For Plan Benefits - January 1, 2012</b>   | <u>8,124,545</u>           |
| <b>Net Assets Available For Plan Benefits - December 31, 2012</b> | <u><u>\$ 9,711,893</u></u> |

See accompanying notes to financial statements

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 1 - Description of the Plan**

The following description of the CUNA Mutual Group Trustee 401(k) Multiple Employer Plan as adopted by Community Financial Members Federal Credit Union (the Plan) which was f/k/a Community Financial Members Federal Credit Union Capital Accumulation Plan is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan covering all eligible employees of Community Financial Members Federal Credit Union who have attained age 18 and completed 90 days of service. An employee can become a participant in the Plan on the first day of the calendar quarter following eligibility. Certain union employees, non-resident aliens and part-time employees who work less than 1,000 hours per year are excluded from eligibility.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

**Administration**

The Plan Sponsor is Community Financial Members Federal Credit Union (the Credit Union) and the Plan Administrator is CPI Qualified Plan Consultants, Inc. beginning on January 1, 2012. Prior to January 1, 2012, the Credit Union also acted as the Plan Administrator. The Plan maintains 8 individuals collectively known as the Trustee of the Plan. The Investment Custodian is MG Trust Company, LLC. Prior to June 2, 2011, Marshall & Ilsley Trust Company was the Plan's Custodian and record keeper. The Investment Custodian holds all of the Plan's assets and executes all of the Plan's transactions. The Credit Union has retained CUNA Mutual Group to provide participant recordkeeping and administration services.

**Contributions to the Plan**

The Plan allows participants to defer up to 100% of their salary through payroll withholdings to several investment alternatives as directed by the participant. The amount of a participant's contributions for any calendar year may not exceed certain limits under Section 402(g) of the Internal Revenue Code. The limit is \$17,000 for the year ended December 31, 2012. Participants who have attained age 50 before the end of the period are eligible to make additional 'catch-up' contributions.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 1 - Description of the Plan - Continued**

**Contributions to the Plan - Continued**

The Plan also provides for employer matching contributions equal to 100% of the participant's deferrals not to exceed 10% of the participant's compensation. Prior to June 1, 2011, the maximum match formula was 100% of the first 5% of the participant's compensation. The total employer match contributions amounted to \$483,147 for the year ended December 31, 2012.

The Internal Revenue Code also sets limits on total employer contributions made to a participant's account. This limit, referred to as the annual addition limit, is the lesser of \$50,000 or 100% of a participant's compensation for the years ended December 31, 2012 and 2011.

**Participant Accounts**

Each participant's account is credited with the participant's contributions and Credit Union's matching contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are pro rata based on participant account balances, except for certain loan and distribution expenses that are charged directly to the specific participant account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Funds contributed by participants are invested at percentages as directed by participants in any one or more of several investment alternatives.

The income, gains or losses in each fund are allocated daily to the applicable participants' accounts in that fund based on the previously reported account balances, adjusted for current period contributions and withdrawals.

**Payment of Benefits**

On termination of service due to death, disability, retirement or other reasons, a participant may elect to receive a lump-sum amount, an annuity, a partial withdrawal or payment in substantially equal installments. The distributable amount is equal to the value of the participant's vested interest in his or her account. Employees who elect to have their benefit payments deferred continue to share in allocations of investment income and losses but do not share in subsequent allocations of discretionary contributions.

The Plan also allows for in-service distributions upon attainment of age 59 1/2 for any reason, and before age 59 1/2 due to financial hardship, as defined in the plan document.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 1 - Description of the Plan - Continued**

**Forfeitures**

Forfeitures attributable to employer contributions may be used to offset plan administrative costs or may be used to fund future employer contributions. Forfeitures in the amount of \$13,157 were used to fund employer contributions for the year ended December 31, 2012. There was a balance in the forfeiture account of \$-0- and \$1,085 at December 31, 2012 and 2011, respectively.

**Vesting**

Participants are immediately vested in their deferral contributions plus actual earnings thereon. Employer matching contributions vest based on years of service at a rate of 25% per year following the first year of service. Participants are 100% vested after the completion of 5 years of service.

**Participant Notes Receivable**

Participants may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loan transactions are treated as participant-directed investments. Loan terms range from one to five years. Loan terms may exceed five years only in the event the loan proceeds are used to purchase or construct the participant's principal residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with prevailing prime rates. The interest rate on loans outstanding as of December 31, 2012 and 2011 ranged from 4.25% to 7.00%. Principal and interest is paid ratably through payroll deductions.

**Basis of Accounting**

The financial statements are prepared using the accrual basis of accounting. Income from investments are recorded when they are earned. Expenses are recorded in the accounting period in which they are incurred.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 2 - Summary of Significant Accounting Policies**

**Investments, Investment Valuation and Income Recognition**

Investments in securities traded on a national securities exchange are valued based on published quotations on the last business day of the year. Securities not so traded are valued at the latest available and appropriate bid price on that date. Fund investments are valued based on the market value of the underlying investments as of the last business day of the year.

Realized gains and losses on investment transactions are recorded as the difference between proceeds received and carrying value. Net unrealized appreciation or depreciation in the fair market value of investments is recorded as the change in carrying value of the investment portfolio from the beginning of the year or date of purchase to the end of the year.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Generally accepted accounting principles (GAAP) establish 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 measurement) and the lowest priority to unobservable inputs (Level 3 measurement). The three levels of the fair value hierarchy are described below:

**Basis of Fair Value Measurements**

**Level 1** - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

**Level 2** - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly.

**Level 3** - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 2 - Summary of Significant Accounting Policies - Continued**

**Fully Benefit-Responsive Investments**

As described in GAAP, investment contracts held by an investment entity are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets of an investment entity attributable to fully benefit-responsive investment contracts because the contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by GAAP, the statements of net assets available for plan benefits represents the fair value of the investment contracts as well as the adjustment of fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for plan benefits is prepared on a contract value basis.

The Plan has entered into a fully benefit-responsive investment contract administered by CUNA Mutual Group. The approximate fair value of this Fund was \$886,000 and \$781,000 at December 31, 2012 and 2011, respectively. This investment contract was being credited with interest at an annual rate of 2.53% and 2.92% at December 31, 2012 and 2011, respectively, and earned an average yield of 2.58% and 2.85% for the years ended December 31, 2012 and 2011, respectively.

Certain events may limit the ability of the Plan to transact at contract value with CUNA Mutual Group. Such events include termination of the contract, spinoffs, divestitures, layoffs, corporate relocation, partial or total plan termination, retirement incentive programs, and the liberalization of plan withdrawal or transfer rules. Upon occurrence of any of these events, a market value adjustment may apply.

**Participant Notes Receivable**

GAAP requires the Plan to show participant loans as notes receivable rather than as investments. This excludes participant loans receivable from the required fair value disclosures discussed in Note 6. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2012 and 2011. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 2 - Summary of Significant Accounting Policies - Continued**

**Payment of Benefits**

Benefits are recorded when paid.

**Fees and Expenses**

Professional fees incurred to operate the Plan, such as attorney and audit fees, as well as other fees and expenses relating to the day-to-day plan operations are paid partly by the Plan Sponsor and partly by the participants.

Individual participants are responsible for fees related to their own loans or distributions.

**Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Subsequent Events**

The financial statements and related disclosures include evaluation of events up through and including July 9, 2013, which is the date the financial statements were available to be issued.

Effective January 1, 2013, the Credit Union is no longer federally chartered and is now a state chartered credit union. As a result, the name of the Plan formally changed to the CUNA Mutual Group Trustee 401(k) Multiple Employer Plan as adopted by Community Financial Members Credit Union.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 3 - Unaudited Fair Value Measurements**

GAAP defines fair value as 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.

The tables below segregate all financial assets as of December 31, 2012 and 2011 that are measured at fair value on a recurring basis (at least annually) into the most appropriate level within the fair value hierarchy based on the inputs used to determine the fair value at the measurement date:

| <b>As of December 31, 2012</b>                   |                                                                  |                                                      |                                                    |                   |
|--------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|-------------------|
| <b>Fair Value Based on</b>                       |                                                                  |                                                      |                                                    |                   |
| <b>Assets<br/>Measured<br/>At Fair<br/>Value</b> | <b>Quoted<br/>Prices<br/>in Active<br/>Markets<br/>(Level 1)</b> | <b>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Unobserv-<br/>able<br/>Inputs<br/>(Level 3)</b> |                   |
| Mutual Funds                                     |                                                                  |                                                      |                                                    |                   |
| Mid-Cap Blend                                    | \$ 1,228,936                                                     | \$ 1,228,936                                         | \$ -                                               | \$ -              |
| Large Blend                                      | 1,491,545                                                        | 1,491,545                                            | -                                                  | -                 |
| Large Growth                                     | 477,905                                                          | 477,905                                              | -                                                  | -                 |
| Large Value                                      | 599,379                                                          | 599,379                                              | -                                                  | -                 |
| Intermediate-Term Bond                           | 1,108,427                                                        | 1,108,427                                            | -                                                  | -                 |
| Foreign Large Blend                              | 947,033                                                          | 947,033                                              | -                                                  | -                 |
| Target Funds                                     | <u>539,076</u>                                                   | <u>539,076</u>                                       | <u>-</u>                                           | <u>-</u>          |
| Total Mutual Funds                               | 6,392,301                                                        | 6,392,301                                            | -                                                  | -                 |
| Common/Collective Trust                          | 2,194,424                                                        | -                                                    | 2,194,424                                          | -                 |
| Stable Value Fund                                | <u>885,523</u>                                                   | <u>-</u>                                             | <u>-</u>                                           | <u>885,523</u>    |
| Total investments                                | <u>\$ 9,472,248</u>                                              | <u>\$ 6,392,301</u>                                  | <u>\$ 2,194,424</u>                                | <u>\$ 885,523</u> |

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 3 - Unaudited Fair Value Measurements - Continued**

|                         | <b>As of December 31, 2011</b>                   |                                                                  |                                                      |                                                    |
|-------------------------|--------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|
|                         | <b>Fair Value Based on</b>                       |                                                                  |                                                      |                                                    |
|                         | <b>Assets<br/>Measured<br/>At Fair<br/>Value</b> | <b>Quoted<br/>Prices<br/>in Active<br/>Markets<br/>(Level 1)</b> | <b>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Unobserv-<br/>able<br/>Inputs<br/>(Level 3)</b> |
| Mutual Funds            |                                                  |                                                                  |                                                      |                                                    |
| Mid-Cap Blend           | \$ 1,033,843                                     | \$ 1,033,843                                                     | \$ -                                                 | \$ -                                               |
| Large Blend             | 1,245,799                                        | 1,245,799                                                        | -                                                    | -                                                  |
| Large Growth            | 378,196                                          | 378,196                                                          | -                                                    | -                                                  |
| Large Value             | 521,459                                          | 521,459                                                          | -                                                    | -                                                  |
| Intermediate-Term Bond  | 974,514                                          | 974,514                                                          | -                                                    | -                                                  |
| Foreign Large Blend     | 768,541                                          | 768,541                                                          | -                                                    | -                                                  |
| Target Funds            | 282,570                                          | 282,570                                                          | -                                                    | -                                                  |
| Total Mutual Funds      | 5,204,922                                        | 5,204,922                                                        | -                                                    | -                                                  |
| Common/Collective Trust | 1,920,093                                        | -                                                                | 1,920,093                                            | -                                                  |
| Stable Value Fund       | 781,390                                          | -                                                                | -                                                    | 781,390                                            |
| Total investments       | <u>\$ 7,906,405</u>                              | <u>\$ 5,204,922</u>                                              | <u>\$ 1,920,093</u>                                  | <u>\$ 781,390</u>                                  |

The 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, 2012 and 2011.

**Level 1 Fair Value Measurements**

The Mutual Funds fair values are determined by reference to quoted market prices and other relevant information generated by market transactions.

**Level 2 Fair Value Measurements**

The Common/Collective Trust is comprised of various Mutual Funds and money market securities. Fair value is determined by reference to quoted market prices and other relevant information generated by market transactions.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 3 - Unaudited Fair Value Measurements - Continued**

**Level 3 Fair Value Measurements**

The Stable Value Fund is valued at the Plan's proportionate share of the total calculated fair value of the underlying assets held in the CUNA Mutual Stable Value Fund as of the valuation date. The value is determined by adjusting contract value by a set formula which takes into account the interest rate actually earned by the fund in the most recent time period and the market rate of the interest on new money.

The stable value account is valued at Level 3 using unobservable inputs for valuing the asset or liability. Unobservable inputs are those that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing the asset, based on the best information available in the circumstances.

The preceding methods described may produce a fair value calculation that may not be indicative of the 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 table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets as of December 31, 2012 and 2011:

|                                                 | <b><u>Stable Value Account</u></b>                            |                    |
|-------------------------------------------------|---------------------------------------------------------------|--------------------|
|                                                 | <b><u>Fair Value Based on</u></b>                             |                    |
|                                                 | <b><u>Using Significant Unobservable Inputs (Level 3)</u></b> |                    |
|                                                 | <b>December 31,</b>                                           |                    |
|                                                 | <b><u>2012</u></b>                                            | <b><u>2011</u></b> |
| Balance - Beginning                             | \$ 781,390                                                    | \$ 780,896         |
| Net realized and unrealized gain on investments | 21,516                                                        | 22,295             |
| Purchases                                       | 175,324                                                       | 234,234            |
| Issuances                                       | <u>(92,707)</u>                                               | <u>(256,035)</u>   |
| Balance - Ending                                | <u>\$ 885,523</u>                                             | <u>\$ 781,390</u>  |

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**Note 3 - Unaudited Fair Value Measurements - Continued**

|                                                                                                                                                                              | <u>December 31,</u><br><u>2012</u> | <u>2011</u>      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------|
| The amount of total gains for the period included in change in net assets attributable to the change in unrealized gains relating to assets still held at the reporting date | \$ <u>21,516</u>                   | \$ <u>22,295</u> |

**Note 4 - Plan Termination/Merger**

Although it has not expressed any intent to do so, the Credit Union has the right under the Plan to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution accounts.

**Note 5 - Plan Amendment and Tax Status**

The Plan is a non-standardized prototype plan, which has been filed with the Internal Revenue Service (IRS) and has received a favorable opinion letter dated April 9, 2008, from the Internal Revenue Service. The Plan was most recently amended and re-stated effective January 1, 2012. While the amended plan document has not received an IRS determination letter, the Trustees believe that the Plan is currently designed and being operated in compliance with applicable requirements of the Internal Revenue Code and, therefore, the Plan qualifies under Section 401(a) and is tax-exempt as of December 31, 2012. As of December 31, 2012, the Plan has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. Income tax filings are subject to audit by various taxing authorities. Open audit periods are 2009 - 2012. The Plan is currently not being examined and the Plan's management believes its tax-exempt status would be upheld under examination.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 6 - Unaudited Information Certified by the Custodians**

The Credit Union (Plan Administrator) has engaged MG Trust Company, LLC to act as Custodian of the Plan for the year ended December 31, 2012 and the period June 2, 2011 through December 31, 2011. Marshall & Ilsley Trust Company was engaged for the period January 1, 2011 through June 1, 2011 to act as Custodian of the Plan. For the years ended December 31, 2012 and 2011, the financial statements were prepared based on information certified by the Custodians.

Investments are summarized as follows:

|                         | <u>December 31,</u><br><u>2012</u> | <u>2011</u>         |
|-------------------------|------------------------------------|---------------------|
| Mutual Funds            | \$ 6,392,301                       | \$ 5,204,922        |
| Common/Collective Trust | 2,194,424                          | 1,920,093           |
| Stable Value Fund       | <u>885,523</u>                     | <u>781,390</u>      |
| Total investments       | <u>\$ 9,472,248</u>                | <u>\$ 7,906,405</u> |

Investments representing five percent or more of the Plan's net assets are as follows:

|                                          |              |              |
|------------------------------------------|--------------|--------------|
| Mutual Funds                             |              |              |
| Vanguard Institutional Index Fund        | \$ 1,491,545 | \$ 1,245,799 |
| Vanguard Extended Market Index Fund      | 1,228,936    | 1,033,843    |
| Vanguard Total Bond Market Index Fund    | 1,108,427    | 974,514      |
| Vanguard FTSE ALL-World EX US Index Fund | 947,033      | 768,541      |
| Vanguard Value Index Fund                | 599,379      | 521,459      |
| Common/Collective Trust                  |              |              |
| CUNA Mutual Lifestyle Aggressive Fund    | 711,349      | 586,148      |
| CUNA Mutual Lifestyle Conservative Fund  | 541,086      | 452,754      |
| CUNA Mutual Lifestyle Moderate Fund      | 513,649      | 446,637      |
| Stable Value Fund                        |              |              |
| CUNA Mutual Stable Value Fund            | 885,523      | 781,390      |

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011**

**Note 6 - Unaudited Information Certified by the Custodians - Continued**

During 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated as follows:

|                                                          |                       |
|----------------------------------------------------------|-----------------------|
| Mutual Funds                                             | \$ 624,668            |
| Common/Collective Trust                                  | 207,457               |
| Stable Value Fund                                        | <u>21,516</u>         |
| <br>Total realized and unrealized<br>gain on investments | <br><u>\$ 853,641</u> |

**Note 7 - Party-in-Interest Transactions**

Certain plan investments are shares of funds managed by CUNA Mutual Insurance Society, who is the Plan's record keeper. Transactions involving these investments are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations. During the year ended December 31, 2012, the Plan paid fees to its Custodian and Trustees in the amount of \$58,985.

**CUNA MUTUAL GROUP TRUSTEE 401(k)  
MULTIPLE EMPLOYER PLAN AS ADOPTED BY  
COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2012 AND 2011

**Note 8 - 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 the amounts reported in the statements of net assets available for plan benefits.

**Note 9 - Required Schedule Information**

The following information pertains to the 2012 financial statement schedules required by the Department of Labor's Rules and Regulations. Those that are not reported are omitted because of the absence of conditions under which they are required.

- a. Schedule of Assets (Held at End of Year) - See SCHEDULE I.
- b. Schedule of Assets (Acquired and Disposed of Within the Plan Year) - none to be reported.
- c. Schedule of Delinquent Participant Contributions - none to be reported.
- d. Schedule of Reportable Transactions - none to be reported.
- e. Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible - none to be reported.
- f. Schedule of Leases in Default or Classified as Uncollectible - none to be reported.
- g. Schedule of Nonexempt Transactions - none to be reported.

**CUNA MUTUAL GROUP TRUSTEE 401(k)                      SCHEDULE I**  
**MULTIPLE EMPLOYER PLAN AS ADOPTED BY**  
**COMMUNITY FINANCIAL MEMBERS FEDERAL CREDIT UNION**

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2012

- Form 5500, Schedule H, Line 4i -

EIN# 38-1447620/PLAN 333

(Unaudited)

| (a)                                | (b) Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | (c) Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par or Maturity Value | (e) Current<br>Value |
|------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------|
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Diversified Equity Fund                                                                                 | \$ 70,197            |
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Lifestyle Aggressive Fund                                                                               | 711,349              |
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Lifestyle Conservative Fund                                                                             | 541,086              |
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Lifestyle Income Fund                                                                                   | 358,143              |
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Lifestyle Moderate Fund                                                                                 | 513,649              |
| *                                  | CUNA Mutual Insurance Society                                   | CUNA Mutual Stable Value Fund                                                                                       | 885,523              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Extended Market Index Fund                                                                                 | 1,228,936            |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Growth Index Fund                                                                                          | 477,905              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Institutional Index Fund                                                                                   | 1,491,545            |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Target Retirement 2010 Fund                                                                                | 18,802               |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Target Retirement 2020 Fund                                                                                | 245,483              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Target Retirement 2030 Fund                                                                                | 153,638              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Target Retirement 2040 Fund                                                                                | 108,439              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Target Retirement 2050 Fund                                                                                | 12,714               |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Total Bond Market Index Fund                                                                               | 1,108,427            |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard Value Index Fund                                                                                           | 599,379              |
| *                                  | CUNA Mutual Insurance Society                                   | Vanguard FTSE ALL-World EX US Index Fund                                                                            | 947,033              |
| Total investments, at fair value   |                                                                 |                                                                                                                     | 9,472,248            |
|                                    | Participant notes receivable                                    | Interest rates ranging from 4.25% to 7.00%                                                                          | 239,645              |
| Total assets (held at end of year) |                                                                 |                                                                                                                     | <u>\$ 9,711,893</u>  |

Note: Information provided is based on reports certified by the Plan's Custodian. Column (d), "Cost" is omitted as the cost of participant-directed investments is not required to be disclosed.

\* Denotes a party-in-interest.