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DLN: 93493228036022

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number Name of organization SERVICE ONE CREDIT UNION INC B Check if applicable Address change 61-6034178 Doing Business As E Telephone number Name change (270)796-8500 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 22,360,761 P O BOX 51770 Terminated Amended return City or town, state or country, and ZIP + 4 BOWLING GREEN, KY 421026770 Application pending Name and address of principal officer **H(a)** Is this a group return for Valerie C Brown affiliates? 1296 Barclay Court Bowling Green, KY 42103 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 H(c) Website: ► www.socu.com K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile KY L Year of formation 1963 Summary Part I Briefly describe the organization's mission or most significant activities The mission of Service One Credit Union is to provide the best contemporary financial services to meet the changing needs of a dynamic and diverse membership Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 7 63 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 10 6 Total number of volunteers (estimate if necessary) . . . . 20,537 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  ${f b}$  Net unrelated business taxable income from Form 990-T, line 34 **7**b 0 **Current Year** 0 Contributions and grants (Part VIII, line 1h) . 0 4,696,911 4,586,088 Program service revenue (Part VIII, line 2g) . 116,864 273,081 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 2,142,128 2,400,069 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 6,955,903 7,259,238 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). Benefits paid to or for members (Part IX, column (A), line 4) . 1,501 1,367 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,990,805 Expenses 2,657,866 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 3,868,430 3,753,996 6,527,797 6,746,168 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 513,070 19 Revenue less expenses Subtract line 18 from line 12 . 428,106 t Assets or | nd Balances | **Beginning of Current End of Year** Year 107,436,494 98,851,819 20 Total assets (Part X, line 16) . End Fund 21 Total liabilities (Part X, line 26) . . . 88,554,193 96,456,833 Net assets or fund balances Subtract line 21 from line 20 22 10,297,626 10,979,661 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 2012-08-14 Signature of officer Sign

Here Stephen Carrico Senior Vice President Type or print name and title Check if Preparer's taxpayer identification number sıgnature Paid employed 🕨 🔽 Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions) . 

**Use Only** 

Phone no

-orn	1990 (2011)	Page 2
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
_ Γhe	mission of Service One Credit Union is to provide the best contemporary financial services to meet the changing needs of a dyna	mic and
	rse membership	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code ) (Expenses \$ 6,746,168 including grants of \$ 0 ) (Revenue \$ 7,259,238 )	
	Service One Credit Union provides savings and lending services and products to its field of membership	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	·	
<b>4</b> c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	<u> </u>	
//d	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O) (Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0)	
_		
4e	Total program service expenses►\$ 6,746,168	

Part TV	Checklist o	f Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2 \cdot \cdot \cdot$ .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [~	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3,583			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		v	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country ►			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		
Va	organization solicit any contributions that were not tax deductible?	0a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
y	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Form 1098-C?	<del>/</del> "		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities  Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			_
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N o
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the and of the tay			
Ia	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Ке	evenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		110
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			li li
	organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 Stephen Carrico

P O Box 51770

Bowling Green, KY 421026770 (270)796-8500

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours	Position more unless	on (de thai	C) o no n one son er ar	t che e bo: is bo id a tee)	eck x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) Freddie Arie Supervisory Committee Member	1	Х						0	0	0
(2) Louella Fong Board Member	1	х						0	0	0
(3) C Richard Aldridge Board Member	1	х						0	0	0
(4) Harold Little Board Member	1	х						0	0	0
(5) Leslie Weigel Board Member	1	х						0	0	0
(6) Rıchard L Miller Board Member	1	х						0	0	0
(7) Carol Glaser Board Member	1	х						0	0	0
(8) Brenda M Willoughby Board Member Chairperson	1 5	х						0	0	0
(9) Pat Stewart Supervisory Committee Chairperson	1	х						0	0	0
(10) James McCasslin Supervisory Committee Member	1	х						0	0	0
(11) Valerie C Brown President and CEO	40			Х				117,682	0	7,967
(12) Leah Eckley Executive VP and COO	40			Х				81,417	0	6,098
(13) Stephen Carrico Senior VP and CFO	40			х				70,348	0	4,221
(14) Kristie Kennedy VP of Lending	40			х				67,566	0	5,067
(15) Anthony Sean Moore VP of IS and Technology	40			х				61,249	0	4,594

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ai	e bo ıs b nd a	x, oth		Rep comp fro organiz	( <b>D)</b> ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount of compen from organizat	ated of other sation the
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			MISC)	relat organız	
<u>1b</u> с	Sub-Total	to Part VII. Sec						<u> </u>					
d	Total (add lines 1b and 1c) .				•	•		<b>F</b>		398,262	0		27,947
2	Total number of individuals (incl \$100,000 of reportable compens					ted	above	) who	receive	d more tha	in		
												Yes	No
3	Did the organization list any <b>form</b> on line 1a? If "Yes," complete Sch					ey e	mploy	ee, o	r highes	t compens		3	No
4	For any individual listed on line 1	La, is the sum of	f report	able	com						n from the	,	110
	organization and related organiza	ations greater tr	ian \$1:	•	•	•	es, co	<i>mpie</i> •	te Scnea	uie J for su: • • •		4	No
5	Did any person listed on line 1a services rendered to the organiz									anızatıon d		5	No
	ation B. Indonesiant Com	tunctous										-	
1	ction B. Independent Com  Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
		(A) ne and business add	dress							Desci	(B) ription of services	(C Compe	
2650	One Inc Thousand Oaks Blvd his, TN 38118	and business du									ore processing system	Compe	113,881
CMD P O Be	Health Insurance Inc ox 950262									Health Insur	ance	1	185,267
PSCU 560 C	rille, KY 40295 Financial Services arrillion Parkway									Debit Card a	ınd Credit Card	1	262,739
St Pet	ersburg, FL 33716												
	Total number of independent conti	ractors (ıncludır	ng but n	ot lin	nıted	l to	those	liste	d above)	who recei	ved more than		

\$100,000 of compensation from the organization  $\blacktriangleright 3$ 

Form 99								Page <b>9</b>
	<b>/</b>	Statement of			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#\$	1a	Federated cam	paigns 1a	·				
호호	Ь	Membership du	ıes <b>1b</b>					
Contributions, gifts, grants and other similar amounts	c	Fundraising ev	ents <b>1</b> 0					
Æ æ	d	Related organiz	zations 1d					
‰ <u>≡</u>	e	Government grant	s (contributions) <b>1e</b>					
<u> 등</u> 교	f	All other contribution	ons, gifts, grants, and <b>1f</b>			İ		
호	g	similar amounts no	ot included above ibutions included in					
받아								
<u>a</u> 0	h		s 1a-1f	▶	o			
				Business Code				
Ę	2a	Interest Income or	n Loans to Members	522130	4,586,088	4,586,088	0	c
9. 9.	Ь				, ,	, ,		
Program Service Revenue	c							
2	d							
33	e							
E	, F	ΔII other progra	am service revenue		0	0	0	
Š	'	All other progre	ann service revenue		0	0	0	U
	g	Total. Add lines	s 2a – 2f		4,586,088			
	3		ome (including dividen					
			aramounts)		285,094	285,094	0	0
	4		stment of tax-exempt bond	. h	0	0	0	0
	5	Royalties .			U	0	U	<u> </u>
		Cuana manta	(ı) Real	(II) Personal				
	6a b	Gross rents Less rental	0	0				
	"	expenses						
	C	Rental income or (loss)	0	0				
	d	Net rental inco	me or (loss)	•	0	0	0	0
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	15,089,000	510				
	b	Less cost or other basis and sales expenses	15,089,000	12,523				
	C	Gain or (loss)	0	-12,013			_1	_
	d	Net gain or (los		▶	-12,013	-12,013	0	0
eune	8a	events (not inc \$	from fundraising ·luding <u>0</u> s reported on line 1c)					
Other Revenue			ne 18 a	0				
the	Ь		penses b					
0	C		(loss) from fundraising	events 🟲	0		0	0
	9a		from gaming activities ne 19 <b>a</b>	0				
	ь	Less direct ex	penses <b>b</b>					
	c		(loss) from gaming acti	ivities	o	0	0	0
	10a	Gross sales of returns and allo		0				
	ь	Less costofg	oods sold <b>b</b>	0				
	С		(loss) from sales of inv	entory 🕨	o	0	0	0
		Mıscellaneou	s Revenue	Business Code				
	11a	NSF and ODP i	Fees	522130	880,821	880,821	0	0
	Ь	Visa Check Fe	es	522130	445,148	445,148	0	0
	c	Delinquent Fee	es .	522130	92,753	92,753	0	0
	d	All other reven	ue		981,347	960,810	20,537	0
	е	Total. Add lines	s 11a-11d		2,400,069			
	12	Total revenue.	See Instructions .	▶	7,259,238	7,238,701	20,537	0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	( <b>D)</b> Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	1,367			
5	Compensation of current officers, directors, trustees, and key employees	479,445			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,050,478			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	102,160			
9	Other employee benefits	206,255			
10	Payroll taxes	152,467			
11	Fees for services (non-employees)				
а	Management	154,552			
b	Legal	238,604			-
c	Accounting	30,675			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	170,602			
13	Office expenses	217,962			
14	Information technology	205,532			
15	Royalties	0			
16	Occupancy	207,528			
17	Travel	5,805			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	75,458			
20	Interest	762,154			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	350,438			
23	Insurance	19,992			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	NCUA TCCUSIF Premium Assessment	235,489			
b	Provision for Loan and ODP Losses	331,360			
c	Debit Card Operations	310,482			
d	Credit Card Operations	194,797			
e					
f	All other expenses	242,566			
25	Total functional expenses. Add lines 1 through 24f	6,746,168	0	0	0
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				orm <b>990</b> (2011)

Part X		Balance Sheet					(B) End of year 6,482,997 7,987,503 0 67,987,097  0 0 0 0 220,815  5,571,077 0 0 12,055,076 0 7,131,929 107,436,494 1,215,213 0 0 0							
					(A) Beginning of year		• •							
	1	Cash—non-interest-bearing			1,628,165	1	6,482,997							
	2	Savings and temporary cash investments			9,145,622	2	7,987,503							
	3	Pledges and grants receivable, net			0	3	0							
	4	Accounts receivable, net			64,882,351	4	67,987,097							
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of												
		Schedule L			0	5	0							
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of		1 4958(f)(1)) and										
76		Schedule L			0	6	0							
ets	7	Notes and loans receivable, net			0	7	0							
Assets	8	Inventories for sale or use			0	8	End of year  1 6,482,997  2 7,987,503  3 0  4 67,987,097  5 0  6 0  7 0  8 0  9 220,815  10c 5,571,077  11 0  12 0  13 12,055,076  14 0  15 7,131,929  16 107,436,494  17 1,215,213  18 0  19 0  20 0  21 104,219							
⋖	9	Prepaid expenses and deferred charges												
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	9,591,463										
	b	Less accumulated depreciation	10b	4,020,386	5,838,361	10c	5,571,077							
	11	Investments—publicly traded securities		0	11	0								
	12	Investments—other securities See Part IV, line 11	•	0	12	0								
	13	Investments—program-related See Part IV, line 11	10,518,239	13	12,055,076									
	14	Intangible assets	0	14	0									
	15	Other assets See Part IV, line 11		6,597,361	15	7,131,929								
	16	Total assets. Add lines 1 through 15 (must equal line 34)			98,851,819	16	107,436,494							
	17	Accounts payable and accrued expenses			700,156	17	1,215,213							
	18	Grants payable			0	18	0							
	19	Deferred revenue			0	19	0							
	20	Tax-exempt bond liabilities			0	20	0							
	21	Escrow or custodial account liability Complete Part IV of Schedul		83,487	21	104,219								
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified												
졅		persons Complete Part II of Schedule L	o	22	0									
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0								
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0							
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par			07 770 550	2-	05 127 101							
		D			87,770,550									
	26	Total liabilities. Add lines 17 through 25			88,554,193	26	96,456,833							
Balances		Organizations that follow SFAS 117, check here ▶ ☐ and comp through 29, and lines 33 and 34.	lete I	ines 27										
<u>a</u> r	27	Unrestricted net assets				27								
8	28	Temporarily restricted net assets			28									
Fund	29	Permanently restricted net assets				29								
Ŧ		Organizations that do not follow SFAS 117, check here ► ✓ an	d con	ıplete										
ō		lines 30 through 34.				_	•							
¥.	30	Capital stock or trust principal, or current funds			0		0							
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			2,152,518		2,152,518							
	32	Retained earnings, endowment, accumulated income, or other fu	nds		8,145,108		8,827,143							
Net	33	Total net assets or fund balances			10,297,626	-	10,979,661							
	34	Total liabilities and net assets/fund balances			98,851,819	34	107,436,494							

Par	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 2	259,238
2	Total expenses (must equal Part IX, column (A), line 25)	2			746,168
3	Revenue less expenses Subtract line 2 from line 1	3		5	513,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10,2	297,626
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1	168,96
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		10,9	979,66
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### **Additional Data**

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 61-6034178

Name: SERVICE ONE CREDIT UNION INC

#### Form 990, Special Condition Description:

#### **Special Condition Description**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228036022

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. ► See separate instructions.					Inspection
Name of the organization SERVICE ONE CREDIT UNION INC			Employe	r identification number	
SEF	CATCE ONE CREDIT (	DIATOIA TIAC		61-603	4178
Pa			lvised Funds or Other Similar	Funds or A	Accounts. Complete if the
	organiz	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) [	Funds and other assemble
1	Total number a	at end of year	(a) Donor advised lunds	(B) F	unds and other accounts
2		tributions to (during year)			
3		nts from (during year)			
4	Aggregate valu	ue at end of year			
5		zation inform all donors and donor advi organization's property, subject to the	sors in writing that the assets held in do organization's exclusive legal control?	onor advised	┌ Yes ┌ No
6	used only for c		donor advisors in writing that grant fund efit of the donor or donor advisor, or for		rpose <b>Yes No</b>
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes"	to Form 99	90, Part IV, line 7.
2	Preservat Protection Preservat Complete lines	conservation easements held by the or ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a-2d if the organization held a quali he last day of the tax year		a certified his	
		•			Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
С	Number of con	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d	
3		servation easements modified, transfe ar ►	rred, released, extinguished, or termina	ited by the or	ganızatıon durıng
4	Number of stat	tes where property subject to conserva	ation easement is located 🛌		
5		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, ha	indling of viol	ations, and Yes No
6	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ements during	g the year ►
7	A mount of exp ► \$		ng, and enforcing conservation easemer	nts during the	e year
8		nservation easement reported on line 2 ) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of s	ection	☐ Yes ☐ No
9	balance sheet,		onservation easements in its revenue a he footnote to the organization's financi nents		
Par	t IIII Organ		ns of Art, Historical Treasures	, or Other	Similar Assets.
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stater for public exhibition, education or resea ancial statements that describes these	arch in furthe	
b	historical treas		116, to report in its revenue statement public exhibition, education, or research		
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets Inc	luded in Form 990, Part X			<b>▶</b> \$
2	If the organiza	•	orical treasures, or other similar assets S 116 relating to these items	for financial	
а	Revenues incli	uded in Form 990. Part VIII. line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	<b>IIII</b> Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Trea</u>	su	<u>res, or Oth</u>	<u>er Similar Ass</u>	ets (c	ontinued)
	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne foll	owing tha	t are	e a significant	use of its collecti	on	
а	Public exhibition		d	Γ	Loan or e	exch	nange program	S		
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ain hov	w they	/ further tl	he o	rganızatıon's e	exempt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							mılar F	Yes	┌ No
Pari	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered "	Yes" to Form 99	90,	
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontributio	ns o	r other assets	not r	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able				t	
_	Da manana balana a						1-		ount	
c d	Additions during the year						1c			
u e	Additions during the year						1a			
f	Distributions during the year						1f			
	Ending balance	orm 0.00 Dawl V I							· Yes	
	Did the organization include an amount on Fo		ie 21 /					١ <del>٧</del>	Yes	j No
	If "Yes," explain the arrangement in Part XIV				d !!Vaa!!	<b>L</b> o [		wh TV long 10		
Par	t V Endowment Funds. Complete	(a)Current Year		Prior \					<b>(e)</b> Four Y	ears Back
1a	Beginning of year balance	(a) carrette rear	(2)	<i>y</i>	(4	-, · · · ·	o reals back (	iyimee rears back	( <b>c</b> ): ou	ears back
b	Contributions									
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the yea	r end balance held	as							
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment 🕨									
c	Term endowment ▶									
За	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held ar	nd a	dmınıstered fo	r the	Yes	No
	(i) unrelated organizations							3a(i		
	(ii) related organizations							3a(ii	)	
	If "Yes" to $3a(II)$ , are the related organization	•				•		3b		
	Describe in Part XIV the intended uses of th									
Pari	t VI Land, Buildings, and Equipme	e <b>nt.</b> See Form 99	90, Pa	rt X,	, line 10.	1				
	Description of property				Cost or oth		(b)Cost or othe basis (other)	(c) Accumulated depreciation	( <b>d</b> ) Bo	ook value
	and					0	624,40	7	1	
<b>1</b> a L	.anu			_						624,407
	Buildings		•			0	5,355,96	3 1,184,529		4,171,434
<b>b</b> B						0		1,184,529 0 0	+	
b B c L	Buildings							0		4,171,434
b B c L d E	Buildings	· · · · · · · · · · · · · · · · · · ·	· ·			0	3,611,09	0 0	,	4,171,434

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		<u> </u>   13	
			od of valuation
(a) Description of investment type	(b) Book value		f-year market value
(1) Certificates of Deposit > 1 Year in Maturity	2,969,520		F
(2) GSE Agency Bonds	4,505,614		F
(3) Visa Class B Stock	134,730		F
(4) Company Owned Life Insurance	2,558,991		F
(5) Municipal Bonds	371,477		F
(6) Investment in Corporate Credit Unions	1,361,344		С
(7) FHLB Stock	153,400		С
	,		
	12.055.076		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	12/000/07		
Part IX Other Assets. See Form 990, Part X, III  (a) Descrip			(b) Book value
(1) NCUSIF Deposit	501011		941,955
(2) Plan 457(b) Deposit			126,634
(3) Plan 457(f) Deposits			5,499,720
(4) Compensating Bank Balance			150,000
(5) Accounts and Other Receivables			283,395
(6) Miscellaneous Assets			
(6) Miscellalieous Assets			130,225
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	<b>L</b>	7,131,929
Part X Other Liabilities. See Form 990, Part X			7,131,323
1 (a) Description of Liability	<b>(b)</b> A mount		
Federal Income Taxes	0		
Member Share Deposits	37,205,729		
Member Share Drafts	25,820,106		
Member Share Certificates	32,111,566		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	95,137,401		
, , ,	55,137,401		

6	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,259,238
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,746,168
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	513,070
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	513,070
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	7,259,238
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,259,238
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
C	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	7,259,238
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	6,746,168
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 0		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	6,746,168
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5	6,746,168
Par	t XIV Supplemental Information		
Part	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t tional information		

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As Filed Data -

DLN: 93493228036022

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions with Interested Persons**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2011** 

Open to Public Inspection

Name of the organization SERVICE ONE CREDIT UNION INC								mployer i		tion numb	er
Part I Excess Benefit Trai							organı	zations	only).	40h	
Complete if the organizat  (a) Name of disq			res on For	1 990, P	( <b>b)</b> Desc				Part V, II		(c) rected?
										Yes	No
<ul><li>2 Enter the amount of tax impos section 4958</li><li>3 Enter the amount of tax, if any</li></ul>								vear unde ►	r * \$ —— * \$		
Part II Loans to and/or I					. Part IV. line 26	. or Forn	n 990-E	Z. Part V	'. line 38	a	
(a) Name of interested person and purpose	(b) Le	or from the (c)Original (d)Balance due default?		al (d)Palance due default				ved d or	(g)Writi		
	То	From				Yes	No	Yes	No	Yes	No
(1 ) Richard L Miller Residential Mortgage		х		80,255	72,997		No	Yes		Yes	
Total				<b>▶</b> \$	72,997						
Part III Grants or Assistar Complete if the orga						, line 2	27.				
(a) Name of interested pers			<b>)</b> Relationsh	ıp betwe	en interested per ganization			nount of g	rant or ty	pe of assi	stance

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.								
(a) Name of interested person	<b>(b)</b> Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	atıon's			
	organızatıon			Yes	No			

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

#### OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization SERVICE ONE CREDIT UNION INC

**Employer identification number** 

61-6034178

ldentifier	Return Reference	Explanation
F990_P05_S00_L03b	Form 990, Part V, Line 3b	Form 990-T for Service One Credit Union is on extension and will be filed on or before the extended due date of November 15, 2012
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Service One Credit Union is a nonprofit cooperative organized under the laws of the state of Kentucky and had approximately 14300 members as of December 2011
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	Each member of the Board of Directors is nominated for election to a three year term by the members present at the annual meeting held in March of each year
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	Any member of the credit union may attend the annual Members meeting to present any item of business for consideration for the entire membership including a vote to reverse prior decisions made by the governing body upon obtaining a majority vote to do so
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	A draft PDF copy of the Form 990 is emailed to all Board members to ask for each members review and questions regarding the output of the the Form 990
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Officers and Directors of the credit union are required annually to disclose in writing on forms that they are not engaged in any relationshiops constituting a conflict of interest with the credit union's business, which forms are maintained with the AVP of HR, and are monitored on an ongoing basis by the Security Officer If and when a conflict does arise it is brought to the attention of the CEO and Board of Directors. The Security Officer brings the execptions to the attention of state and federal examiners.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Board of Directors evaluates the the performance and salary of the CEO annually. The Board assesses the performance against targets established in the previous year to determine the extent to which goals were met. For other management employees the credit union uses the services of an employment specialist to determine pay ranges for each job position. Annual performance reviews are conducted by supervisors of each employee to determine the extent to which goals have geen met.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Form 990 and the credit union's financial statements are made available upon request as are all othe publically available documents
F990_P11_S00_L05	Form 990, Part XI, Line 5	Increase in the balance of Unrealized Gains on AFS Securities