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DLN: 93493316052674

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-0047

Department of the Treasury

Form **990** 

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Open to Public

internai i	revenue Se	rvice	► Information about Form 99	90 and its instructions is at <u>www</u>	.IRS.gov,	/form990			Inspection
A Fo	r the 20	13 cal	endar year, or tax year beginnir	ng 01-01-2013 , 2013, and endi	ng 12-31	-2013			
	ck ıf appl		C Name of organization	, ,			D Emplo	yer ide	ntification number
	ress chan		Royal Credit Union				39-60	7297	0
– Nar	ne change	e	Doing Business As					) / '	=
_	al return								
_	minated		Number and street (or P.O. box if i PO BOX 970	mail is not delivered to street address)	Room/suite	9	E Telepho	one num	ber
_									
_	ended ret		City or town, state or province, cou Eau Claire, WI 54702	ıntry, and ZIP or foreign postal code					
App	lication pe	ending	,				<b>G</b> Gross r	eceipts	\$ 103,456,909
			F Name and address of pri	ncıpal officer		<b>H(a)</b> Is	this a group	return	for
			Rudy Pereira			su	bordinates?		┌ Yes 🗸 No
						H(b) Ar	e all subordi	nates	┌ Yes ┌ No
							cluded?	naces	, 105, 110
Tax	k-exempt	status	501(c)(3) 501(c) (14)	¶ (ınsert no )	527	If	"No," attach	a lıst	(see instructions)
w	ebsite: I	- ww	v rcu org			H(c) G	roup exempt	ıon nuı	mber ▶
						1			
			Corporation Trust Association	on   Other 🕦		<b>L</b> Year o	f formation 19	64 <b>M</b>	State of legal domicile W
Pa			mary						
		-	<del>-</del>	on or most significant activities					
13	10	Cleat	e a positive impact in the lives	we touch					
aovemance									
7									
2	<b>2</b> Ch	eck th	iis box 🔰 if the organization d	iscontinued its operations or dis	posed of	more tha	n 25% of its	net as	sets
			6.1					۱ ـ	1
AVUTURA 9.				ning body (Part VI, line 1a)				3	
٥				of the governing body (Part VI,				4	
5				calendar year 2013 (Part V, line				5	65
ŧ				necessary)				6	67
				Part VIII, column (C), line 12				7a	117,59
	<b>b</b> Ne	t unre	lated business taxable income	from Form 990-T, line 34		T		7b	
						P	rior Year		Current Year
Gi .				ıne 1h)					C
į		_		ıne 2g)			97,455,		97,674,343
Rayenue				n (A), lines 3, 4, and 7d)			586,	215	2,222,967
_				, lines 5, 6d, 8c, 9c, 10c, and 11	-				(
				I (must equal Part VIII, column			98,042,	191	99,897,310
				t IX, column (A), lines 1-3)			, ,		(
			• • •	IX, column (A), line 4)					
				ee benefits (Part IX, column (A)					
8		5-10)		ce benefits (raicin, column (r)	,		31,333,	096	30,093,061
Expenses	16a	Profes	sıonal fundraısıng fees (Part IX	, column (A), line 11e)					(
<u>ਵੇ</u>	Ь-	Total fu	ndraısıng expenses (Part IX, column (I	D), line 25) <b>▶</b> -0					
ш				lines 11a-11d, 11f-24e)			50,254,	032	39,197,820
				ust equal Part IX, column (A), lin			81,587,	128	69,290,881
				18 from line 12			16,455,	063	30,606,429
χ φ.			·				ning of Curre		
9 6							Year		End of Year
net Assets of Fand Balances	20	Totala	assets (Part X, line 16)				1,295,129,	210	1,392,362,366
72	21	Totall	iabilities (Part X, line 26) .				1,170,031,	657	1,236,658,384
# III	22	Netas	sets or fund balances Subtract	t line 21 from line 20			125,097,	553	155,703,982
Par	t II	Sign	ature Block						
				camined this return, including acc					
			pelief, it is true, correct, and co nowledge	mplete Declaration of preparer (	other tha	ın officer)	ıs based on	all info	rmation of which
тера	iei iias	ally Ki	lowledge						
	T I	. ****	**				2014-11-04		
Sign			ture of officer				2014-11-04 Date		
der e		l lon b	lehlı Chief Financial						
			or print name and title						
			rınt/Type preparer's name	Preparer's signature	Da		Check I if	PTIN	
Paid	i		arı Thompson		20:	14-11-04	self-employed	P0102	
	parer		ırm's name ► WCUL Services Corp				Firm's EIN 🕨 3	9-11273	12
			ım's address ► N25W23131 Paul Rd S	Suite 500		+	Phone no (262	.) 549-N	200
JSE	Only	1.				] '	(232		

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

┌Yes ┌ No

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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? <i>If "Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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, line 10?  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		No
	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		No
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 and XII	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 and XII is optional	12b	Yes	
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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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 $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		Νo
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 IV			
L		28a		Νο
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
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 direct or indirect owner? If "Yes," complete Schedule L, Part $IV$	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
b	If 'Yes' to line 35a, 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 $2 \cdot$	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

•	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	Yes	▽ No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   20,006			110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	†		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	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?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
i.e	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		No
	organization solicit any contributions that were not tax deductible as charitable contributions?			NO
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	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?	9a 9b		
)	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 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 )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the 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 amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a 14h		111 0

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 end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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		Νo
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>evenu</u>	<u>ie Cod</u>	e.)
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> u	yes	e.) <b>No</b>
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?			No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request Other (explain in Schedule O)

- 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 during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Jon Hehlı PO BOX 970 Eau Claire, WI 54702 (715)833-8111

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

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

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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is a dir	one bot	not box h ar or/tr	offic ustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Stuart Schafer	10 00	х						10,600	500	0	
Director	0 00						_				
(2) Nancy Beltz Director	10 00	х						10,600	0	0	
(3) William Blackburn	10 00										
Vice Chair	0 00	X		Х				12,200	126,542	0	
(4) John Sackett	10 00										
Treasurer	0 00	X		Х				19,400	0	0	
(5) Jennifer McDonough	10 00										
Secretary	0 00	X		Х				14,800	0	0	
(6) Tom Gillett	10 00										
Director	0 00	X		Х				0	0	0	
(7) Doug Olson	10 00										
Chair	0 00	X		Х				26,200	0	0	
(8) Thomas Huffcutt	10 00										
Director	0 00	X						9,717	0	0	
(9) Jon Hehli	40 00										
EVP-CFO	0 00			Х				243,732	0	20,264	
(10) Brandon Riechers	40 00										
EVP-CLO				Х				169,839	0	10,066	
(11) Randy Beck	0 00										
				х				150,006	0	16,392	
EVP-Corporate Risk Management (12) Rachel Risberg	0 00										
EVP-Member Experience				х				220,158	0	11,255	
(13) Rudy Pereira	0 00	-									
· , , , , , , , , , , , , , , , , , , ,				х				919,781	0	32,878	
CEOPresident (14) Jan Johnson	0 00										
• ,				х				139,354	0	10,055	
EVP-Organizational Agility (15) Lisa Stelter Graf	0 00										
` '				х				285,368	0	16,214	
Mortgage Loan Officer (16) Barbara Oas-Holmes	0 00			_	_		$\vdash$				
,	0 00			х				163,683	0	20,739	
Mortgage Loan Officer (17) Daniel Anderson	0 00										
,	40 00				х			234,341	0	12,929	
Financial consultant	0 00										
										Form <b>990</b> (2013)	

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

<b>(A)</b> Name and Title		(B) A verage hours per week (list any hours	more than one box, unless c person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization	from relate organization	on d ns	(F Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099 MISC)	9 -	organiz	lated
/10)	Mark Willer	40 00					+ -						
(10)	riaik Willei	40 00						х	444,1	46	o		18,707
Forme	er SVP-Business Services	0 00											
							+						
							<u> </u>						-
1b	Sub-Total			•			<b>*</b>  _						
C	Total from continuation sheets to Part	VII, Section A		•			•						
d	Total (add lines 1b and 1c)						▶		3,073,925	127,0	42		169,499
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more tha	n	•		
										_		Yes	No
3	Did the organization list any <b>former</b> offi on line 1a? <i>If "Yes," complete Schedule 3</i>			e, ke	y em •	nplo •	yee, o	r hig	ghest compensa	ated employee	3	Yes	
4	For any individual listed on line 1a, is to organization and related organizations and individual										4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?									r individual for	5		No
Se	ection B. Independent Contracto	ors											
1	Complete this table for your five highes compensation from the organization Re	t compensated port compensa								in the organizat			
		(A) ousiness address							Dosarr	(B)	T	(C	
Pusat	Name and t eri Properties LLP, 5850 Opus Parkway Ste 108								Lease	ption of services		Comper	408,171
	Riley Prenn Ricci SC, PO BOX 1030 Eau Claire W								Attorneys		+		822,465
	rası Jellum, 14985 60th Street N Stillwater MN 55								Attorneys				207,013
Avtex	Solutions LLC, 3500 American Blvd W Ste 300 N		31						Phone Syster	n			162,856
Rude	r Ware LLSC, PO BOX 8050 Wausau WI 5440280	50							Attorneys				156,358

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization -7

		Check if Sched	ule O contains a respoi	nse or note to any lii	ne in this Part VIII			<u> </u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
w 98	1a	Federated cam	paigns 1a					
ınt	b	Membership du	ies <b>1b</b>					
Contributions, Giffs, Grants and Other Similar Amounts	С	Fundraising evi	ents <b>1c</b>					
Š. A								
Gif ilai	d	Related organiz						
in.	е	Government grant	rs (contributions) 1e					
tion I	f	All other contribute	ons, gifts, grants, and <b>1f</b>			ĺ		
the land	a		ons included in lines			i		
ntri d O	9	1a-1f \$						
Cont and	h	Total. Add line:	s 1a-1f	· · · · •				
				Business Code				
ыn	2a	Interest on Loans		522100	57,214,024	57,214,024		
Fe v	b	Member AccountCa	ard Fee	522100	17,820,258	17,820,258		
90	С	Other Member Fee	e Income	522100	22,522,462	22,522,462		
er v	d	Non-Member ATM	Fees	518210	112,029		112,029	
٦ <u>د</u>	e	Non-Mbr Chk Cash	hing Fee	522100	5,570		5,570	
grar	f	All other progra	am service revenue					
Program Serwce Revenue		Total Addis	c 2		07.674.046			
	g 3		s 2a-2f		97,674,343	+		
			ar amounts)		1,688,944			1,688,944
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .	<u> </u>	🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of		4,093,622				
		assets other than inventory						
	b	Less cost or other basis and		3,559,599				
		sales expenses						
	С	Gain or (loss)		534,023	524.022			534 000
	d		ss)	· · · · •	534,023			534,023
ψ.	8a	Gross income fevents (not inc						
Other Revenue		\$	 s reported on line 1c)					
the	b	Less direct ex	penses <b>b</b>					
0	С		(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19 a					
	b		penses b					
			(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inv	entory <b>.</b>				
		Miscellaneou	s Revenue	Business Code		Ţ		
	11a							
	b							
	С							
	d		ue					
	е	Total. Add lines	s 11a-11d	🕨				
	12	Total revenue.	See Instructions .	🛌	99,897.310	97.556.744	117,599	2,222,967

### Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4	) organizations must comple	te all columns All other orga	anızatıons must complete column (A )
-------------------------------	-----------------------------	-------------------------------	--------------------------------------

	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21										
2	Grants and other assistance to individuals in the United States See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	3,073,945									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	19,502,089									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,655,895									
9	Other employee benefits	3,941,314									
10	Payroll taxes	1,919,818									
11	Fees for services (non-employees)										
а	Management										
b	Legal	1,193,753									
c	Accounting	134,031									
d	Lobbying										
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	276,872									
12	Advertising and promotion	2,342,921									
13	Office expenses	2,230,212			_						
14	Information technology	4,578,220									
15	Royalties	1,010,220									
16	Occupancy	2,470,913									
17	Travel	243,962									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,									
19	Conferences, conventions, and meetings	698,191			_						
20	Interest	17									
21	Payments to affiliates	196,437									
22	Depreciation, depletion, and amortization	3,413,070									
23	Insurance	305,424									
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)										
а	Dividends on Shares	5,067,061		5,067,061							
b	Loan ServicingProvision Los	7,230,506		7,230,506							
c	Member Account Card Costs	7,276,411		7,276,411							
d	NCUA Stabilization	874,403		874,403							
e	All other expenses	665,416									
25	Total functional expenses. Add lines 1 through 24e	69,290,881	0	0	0						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)										

Part X Balance Sheet

	rt X	Check if Schedule O contains a response or note to any line in this Part $X$			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing	64,700,691	1	100,463,127
	2	Savings and temporary cash investments	13,769,111	2	32,477,640
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,816,069	4	2,856,877
Assets	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
8	7	Notes and loans receivable, net	1,099,892,380	7	1,151,897,680
⋖	8	Inventories for sale or use	1,035,052,500	8	1,131,037,000
	9		2,612,290	9	3,407,364
	-	Prepaid expenses and deferred charges	2,012,290	9	3,407,304
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  75,922,147			
	b	Less accumulated depreciation	40,750,965		39,567,587
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	701	12	700
	13	Investments—program-related See Part IV, line 11	22,151,418	13	22,228,906
	14	Intangible assets	10,281,134	14	9,868,847
	15	Other assets See Part IV, line 11	26,154,451	15	29,593,638
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,295,129,210	16	1,392,362,366
	17	Accounts payable and accrued expenses	20,001,225	17	21,669,824
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø.	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	1,150,030,432	25	1,214,988,560
	26	Total liabilities. Add lines 17 through 25	1,170,031,657	26	1,236,658,384
<b>У</b>		Organizations that follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 27 through 29, and lines 33 and 34.			
Ē	27	Unrestricted net assets		27	
<u>8</u>	28	Temporarily restricted net assets		28	
Fund Balance	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔽 and			
5		complete lines 30 through 34.			
ζ.	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	125,097,553	32	155,703,982
<b>≱</b>	33	Total net assets or fund balances	125,097,553	33	155,703,982
-	34	Total liabilities and net assets/fund balances	1,295,129,210	34	1,392,362,366

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A ), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	1		99,8	397,310
_		2		69,2	290,881
3	Revenue less expenses Subtract line 2 from line 1	3		30,6	506,429
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		125 (	097,553
5	Net unrealized gains (losses) on investments	5		123,0	377,333
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		155,7	703,982
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. Г</u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	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		3b		

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#### DLN: 93493316052674

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

ame of the organization	Employer identification number 39-6072970				
oyal Credit Union					
organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.	Funds	or Accoun	<b>ts.</b> Comple	te ıf the
	(a) Donor advised funds		<b>(b)</b> Funds an	d other accou	ınts
Total number at end of year					
Aggregate contributions to (during year)					
Aggregate grants from (during year)					
Aggregate value at end of year					
Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor adv	ısed	☐ Yes	┌ No
Did the organization inform all grantees, donors, a used only for charitable purposes and not for the b conferring impermissible private benefit?				┌ Yes	┌ No
art II Conservation Easements. Comple	te if the organization answered "Yes"	to Forn	n 990, Part	IV, line 7.	
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreance) Protection of natural habitat Preservation of open space					
Complete lines 2a through 2d if the organization heasement on the last day of the tax year	neld a qualified conservation contribution in	the forr	n of a conserv	ation	
easement on the last day of the tax year			Held at ti	he End of the	Year
Total number of conservation easements		2a	Tield de ci	ic the or the	
<ul> <li>Total acreage restricted by conservation easeme</li> </ul>	nts	2b			
Number of conservation easements on a certified	historic structure included in (a)	2c			
Number of conservation easements included in (c historic structure listed in the National Register	2d				
Number of conservation easements modified, tran	sferred, released, extinguished, or terminal	ted by th	ne organizatio	n during	
the tax year 🛌					
Number of states where property subject to conse	ervation easement is located .				
Does the organization have a written policy regard enforcement of the conservation easements it hol	ding the periodic monitoring, inspection, hai	mdling of	f violations, a	nd <b>  Yes</b>	┌ No
Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation ease	ements o	during the yea	ır	
A mount of expenses incurred in monitoring, inspe	cting, and enforcing conservation easemen	ts durın	g the year		
<b>▶</b> \$					
Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^{2}$	e 2(d) above satisfy the requirements of se	ection 1	70(h)(4)(B)(ı)	┌ Yes	┌ No
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organization's financia				
Complete if the organization answere		, or Ot	her Simila	r Assets.	
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footn	assets held for public exhibition, education	, or rese	earch in furthe		
If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report in its revenue assets held for public exhibition, education	e statem	nent and balar		ıc
(i) Revenues included in Form 990, Part VIII, lin	e 1		<b>►</b> \$		
(ii) Assets included in Form 990, Part X			<b>-</b> \$		
If the organization received or held works of art, h following amounts required to be reported under S			-		
Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
Assets included in Form 990, Part X			<b>-</b>		

Part	<b>IIII</b> Organizations Maintaining Collection	ons of Art,	Histo	ric	al Treası	ures, or Othe	er Similar A	sset	(conti	nued)
	Using the organization's acquisition, accession, and collection items (check all that apply)	d other records	s, chec	:k aı	ny of the fol	lowing that are	a sıgnıfıcant u:	se of it	s	
а	Public exhibition		d [	_	Loan or exc	hange program	s			
b	Scholarly research e Other									
c	Preservation for future generations									
	Provide a description of the organization's collection Part XIII	ns and explair	n how tl	hey	further the	organızatıon's e	exempt purpos	e in		
	During the year, did the organization solicit or recei						mılar	_,,	_	
Part	assets to be sold to raise funds rather than to be made						Vas" to Form	990	es I	No
Fell	Part IV, line 9, or reported an amount					ii aliswered	163 (0101111	990,		
	Is the organization an agent, trustee, custodian or c included on Form 990, Part X?	other intermed	liary fo	rco	ntrıbutıons	or other assets	not	<b>Γ</b> γ	es 「	No
b	If "Yes," explain the arrangement in Part XIII and c	omplete the fo	ollowin	g ta	ble		1			
_						<u> </u>	<del>                                     </del>	moun	•	
C	Beginning balance					1c				
d	Additions during the year					1d	+			
e f	Distributions during the year					1e 1f	1			
	Ending balance  Did the organization include an amount on Form 990	Dart V los-	212			_11	1			No
	-									INO
	If "Yes," explain the arrangement in Part XIII Chec					•				<u>'                                     </u>
Par		urrent year	( <b>b</b> )Pn			FORM 990, Pa			our years	s back
1a	Beginning of year balance	·								
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	ar end balance	e (line 1	1g,	column (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equa	al 100%								
	Are there endowment funds not in the possession of	f the organızat	ion tha	at ar	e held and	admınıstered fo	r the	_		
	organization by  (i) unrelated organizations						[3	a(i)	Yes N	No_
	(ii) related organizations		• •	٠.			<b>—</b>	a(ii)		
	If "Yes" to 3a(II), are the related organizations liste		on Sch	nedu	ıle R? .		· · · · -	3b		
4	Describe in Part XIII the intended uses of the organ	nızatıon's endo	owmen	t fur	nds			•		
Part	Land, Buildings, and Equipment. Co 11a. See Form 990, Part X, line 10.	omplete if th	ie orga	anız	zation ans	wered 'Yes' to	Form 990, I	Part I\	/, line	
	Description of property				Cost or other (investment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulate depreciation		i) Book	value
<b>1</b> a L	and					8,569,295	5		8,5	69,295
<b>b</b> B	uildings					39,209,808	11,146,	693	28,00	63,115
<b>c</b> L	easehold improvements					718,424	623,	543		94,881
d E	quipment					6,511,062	5,791,	179	7	19,883
			<b>⊢</b>				+	_		
	ther			_		20,913,558	18,793,	145		20,413 67,587

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.		
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
)Financial derivatives )Closely-held equity interests		
Other		
() Misc Stock Investments	700	С
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>▶</b> 700	
art VIII Investments—Program Related. Co	omplete if the organization	answered 'Yes' to Form 990, Part IV, line 1
See Form 990, Part X, line 13.	(h) Paale value	(a) Mathadafualuation
(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
.) NCUA Capitalization	10,930,042	C
2) Corporate Central CU	7,834,526	С
3) CUSO Investments	376,438	С
4) FHLB Stock	3,087,900	С
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )	22,228,906	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	, Part IV , line 11d See Form 990 , Part X , line 15
	n answered 'Yes' to Form 990,	, Part IV, line 11d See Form 990, Part X, line 15 ( <b>b)</b> Book value
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
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Part IX Other Assets. Complete if the organization	n answered 'Yes' to Form 990,	
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Other Assets. Complete if the organizatio  (a) Description  (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, ription	
otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, ription	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability	n answered 'Yes' to Form 990, ription	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes	n answered 'Yes' to Form 990, iption  5.)  anization answered 'Yes' to  (b) Book value	(b) Book value
Other Assets. Complete if the organization (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization of liability  (a) Description of liability  ederal income taxes  ember Shares Certificates	n answered 'Yes' to Form 990, ription  5.)  anization answered 'Yes' to  (b) Book value  1,207,866,261	(b) Book value
Other Assets. Complete if the organization (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization of liability  Part X, line 25.  (a) Description of liability  Part X of the description of liability  Part X of the organization of liability  Other Liabilities. Complete if the organization of liability  Other Assets. Complete if the organization of liability  Other Assets. Complete if the organization of liability  Other Liabilities. Complete if the organization of liability  Other Assets. Complete if the organization of liability  Other Liabilities. Ot	n answered 'Yes' to Form 990, ription  5.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Other Liabilities. Complete if the organization  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  Other Liability  Other Liabilities of liability  Other Liabi	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412  6,289,611	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Other Liabilities. Complete if the organization  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  ember Shares Certificates  eferred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  5.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Other Liabilities. Complete if the organization  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  ember Shares Certificates  eferred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412  6,289,611	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Other Liabilities. Complete if the organization  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  ember Shares Certificates  eferred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  lember Shares Certificates  referred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  lember Shares Certificates  referred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Other Assets. Complete if the organizatio  (a) Description  Otal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  ederal income taxes  lember Shares Certificates  referred Revenue  scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization  Form 990, Part X, line 25.  (a) Description of liability  Gederal income taxes  Member Shares Certificates  Deferred Revenue  Scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Other Assets. Complete if the organization (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization of liability  Porm 990, Part X, line 25.  (a) Description of liability  Pederal income taxes  Pember Shares Certificates  Peferred Revenue  Scrow Accounts	n answered 'Yes' to Form 990, ription  25.)  anization answered 'Yes' to  (b) Book value  1,207,866,261  735,412 6,289,611	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. Complete if the organization	(b) Book value  1,207,866,261 735,412 6,289,611 97,276	(b) Book value

Part		evenue per Audited Financial Statements With Revenue prered 'Yes' to Form 990, Part IV, line 12a.	per R	<b>Return</b> Complete If
1		r support per audited financial statements	1	99,511,700
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	ments 2a		
b	Donated services and use of fa	acilities 2b	1	
С	Recoveries of prior year grants	s	1	
d	Other (Describe in Part XIII )		1	
e	Add lines <b>2a</b> through <b>2d</b> .		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	99,511,700
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )	4b 385,610		
c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	4c	385,610
5		<b>4c.</b> (This must equal Form 990, Part I, line 12)	5	99,897,310
Part		xpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	s per	Return. Complete
1		audited financial statements	1	68,905,272
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25		
а	Donated services and use of fa	acilities		
b	Prior year adjustments	2b	1	
c	Other losses	2c	1	
d	Other (Describe in Part XIII )	2d	1	
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line ${f 2e}$ from line ${f 1}$ .		3	68,905,272
4	Amounts included on Form 990	0, Part IX, line 25, but not on line <b>1:</b>		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )	4b 385,609		
c	Add lines <b>4a</b> and <b>4b</b>	<del> </del>	<b>4</b> c	385,609
5		nd <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	69,290,881
Part	XIII Supplemental Inf	ormation		
Part '		Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to $\frac{1}{2}$		de any additional
	Return Reference	Explanation		
	revenues included on Form art XI, line 4b)	Classification difference between internal statements and audited financ	ıal sta	tements
	expenses included on Form art XII, line 4b)	Classification difference between internal statements and audited financ difference	ıal sta	tements and rounding

	<u> </u>							
Part XIII	Supplemental Info	plemental Information <i>(continued)</i>						
Ret	turn Reference	Explanation						

Schedule D (Form 990) 2013

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DLN: 93493316052674

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Royal Credit Union

**Employer identification number** 

39-6072970

Pa	rt I Questions Regarding Compensation				
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiza reimbursement or provision of all of the expenses describe		1b		
2	Did the organization require substantiation prior to reimbu directors, trustees, officers, including the CEO/Executive		2		
3	Indicate which, if any, of the following the filing organization organization organization. CEO/Executive Director Check all that appused by a related organization to establish compensation	ply Do not check any boxes for methods			
	Compensation committee	Written employment contract			
	✓ Independent compensation consultant     ✓	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payme	ent?	4a		No
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based of	ompensation arrangement?	<b>4</b> c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must con	nplete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1 compensation contingent on the revenues of				
а	The organization?		5a		
	Any related organization?		5b		
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue any			
а	The organization?		6a		
b	Any related organization?		6b		
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ		7		
8	Were any amounts reported in Form 990, Part VII, paid or	accured pursuant to a contract that was			
	subject to the initial contract exception described in Regu				
	ın Part III		8		
9	If "Yes" to line 8, did the organization also follow the rebu- section 53 4958-6(c)?	ttable presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	n (C) Retirement and (D) Nontax		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)Jon Hehli EVP-CFO	(i) (ii)	171,963	17,610	54,159	8,162	12,102	263,996	
(2)Brandon Riechers EVP-CLO	(i) (ii)	166,361	456	3,022	8,343	1,723	179,905	
(3)Randy Beck EVP- Corporate Risk Management	(i) (ii)	138,306	11,700		5,307	11,085	166,398	
( <b>4)</b> Rachel Risberg EVP-Member Experience	(i) (ii)	177,186	17,370	25,602	9,552	1,703	231,413	
(5)Rudy Pereira CEO President	(i) (ii)	462,894	81	456,806	17,500	15,378	952,659	
<b>(6)</b> Lisa Stelter Graf Mortgage Loan Officer	(i) (ii)	282,297	3,071		14,279	1,935	301,582	
(7)Mark Willer Former SVP-Business Services	(i) (ii)	168,370	15,776	260,000	9,446	9,261	462,853	
(8)Barbara Oas- Holmes Mortgage Loan Officer	(i) (ii)	160,858	2,825		8,508	12,231	184,422	
(9)Daniel Anderson Financial consultant	(i) (ii)	234,111	230		6,068	6,861	247,270	

Schedule J (Form 990) 2013

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference **Explanation** 

Schedule J (Form 990) 2013

#### **Additional Data**

Software ID: Software Version:

**EIN:** 39-6072970

Name: Royal Credit Union

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
Jon Hehli EVP-CFO	(I) (II)		17,610	54,159	8,162	12,102	263,996	
Brandon Riechers EVP- CLO	(I) (II)	1	456	3,022	8,343	1,723	179,905	
Randy Beck EVP- Corporate Risk Management	(I) (II)		11,700		5,307	11,085	166,398	
Rachel Risberg EVP- Member Experience	(I) (II)		17,370	25,602	9,552	1,703	231,413	
Rudy Pereira CEO President	(I) (II)		81	456,806	17,500	15,378	952,659	
Lısa Stelter Graf Mortgage Loan Officer	(I) (II)		3,071		14,279	1,935	301,582	
Mark Willer Former SVP-Business Services	(1) (11)		15,776	260,000	9,446	9,261	. 462,853	
Barbara Oas-Holmes Mortgage Loan Officer	(I) (II)		2,825		8,508	12,231	. 184,422	
Daniel Anderson Financial consultant	(I) (II)	234,111	230		6,068	6,861	. 247,270	

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2013

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## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization
Royal Credit Union

Employer identification number

39-6072970

#### 990 Schedule O, Supplemental Information

Return Reference	Explanation
Unrelated business income explanation Part V line 3b	An extension has been filed for Royal Credit Union's 2013 990-T
Members or stockholder classes and rights Part VI line 6	The organization consists of members. To be a member, one must have a share/savings accoun to Each member has one vote to elect the governing body (Board of Directors)
Member election for additional members Part VI line 7a	The Board of Directors is elected by the membership utilizing their one vote per member
Governing body decisions Part VI line 7b	Each member has one vote to utilize in ratifying significant decisions beyond the authorit y of the Board as outlined in the organization's bylaws. Any decision to dissolve or merge the organization requires approval of membership, unless mandated by regulatory agency (I e, NCUA, Wisconsin Office of Credit Unions)
Form 990 governing body review Part VI line 11	The return preparer emails a copy of the final Form 990 to the Controller for review The CFO performs a final review prior to signing and submission to the IRS. The CFO reports th e completion of the Form 990 by the required deadlines to management and the board of dire ctors.
Conflict of interest policy compliance Part VI line 12c	The conflict of interest is included in the code of ethics policy. The policy, along with our core system, prevents team members from transacting business on their accounts. The code of ethics also prohibits team members from transacting on accounts they are associated with, regardless of ownership. Quarterly, all team members receive notification they shoul dinot transact on any accounts that may pose a potential conflict of interest. Also quarte rly, we notify team members they must report violations of code of ethics, including conflict of interest.
CEO executive director top management comp Part VI line 15a	Royal Credit Union utilized various salary surveys and an outside consultant to determine compensation for CEO, top management, and key employees
Other officer or key employee compensation Part VI line 15b	Royal Credit Union utilized various salary surveys and an outside consultant to determine compensation for CEO, top management, and key employees
Governing documents etc available to public Part VI line 19	Royal Credit Union's monthly financial statements are posted in all branch offices Year-e nd financial statements are also provided in the annual report and presented at the annual meeting in April Governing documents and the conflict of interest policy is not available to the public but would be provided upon request