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DLN: 93493119010154

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► 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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

A Fo	r the	2013 cal		g 01-01-2013 $$, 2013, and ending 12 $$	-31-2013				
	eck ıf a dress cl	applicable	C Name of organization SERVICE ONE CREDIT UNION INC				•	entification number	
	me cha	_	Doing Business As			61-60	3417	8	
	nal retu		North and the street for D.O. have for						
	mınate		PO BOX 51770	nail is not delivered to street address) Room/	suite	E Teleph	one nun	nber	
	ended		City or town, state or province, cou	ntry, and ZIP or foreign postal code		(270)	796-8	8500	
		n pending	BOWLING GREEN, KY 421026770	,,		G Gross	receints	\$ 13,220,965	
			F Name and address of prii	ncipal officer	H(a)	Is this a group		<u> </u>	
			GARTH GRIESE 916 CATALINA DRIVE	·		subordinates?		「Yes 「 No	
			BOWLING GREEN, KY 421	03	н(р)	Are all subord	ınatas	┌ Yes ┌ No	
					_	ıncluded?			
I Ta	x-exen	npt status	「 501(c)(3)	(insert no) 4947(a)(1) or 527		If "No," attach	n a list	(see instructions)	
J W	ebsite	e:► WV	VW SOCU COM		H(c)	Group exempt	tion nu	mber ►	
K For	n of or	rganızatıon	Corporation Trust Association	on	L Yea	r of formation 19	963 M	State of legal domicile KY	
Pa	rt I	Sum	ımary		·				
Governance		THEMI		on or most significant activities DIT UNION IS TO PROVIDE THE BE YNAMIC AND DIVERSE MEMBERSH		EMPORARY F	INANC	CIAL SERVICES TO	
Vellik Vellik	2	Check t	his box 🕶 if the organization di	scontinued its operations or disposed	l of more t	han 25% of its	net as	ssets	
	-	J.,	San Fig. II the organization di	TITILITIES AND OPERATIONS OF GISPOSEC	. 5. 111016 (25 /0 01 103			
Activities &	I		-	ing body (Part VI, line 1a)			3	7	
E E				of the governing body (Part VI, line 1			4	7	
Į.	I			calendar year 2013 (Part V, line 2a)			6	70 10	
4			·	art VIII, column (C), line 12			7a	16,524	
	1			rom Form 990-T, line 34			7b	-1,064	
				,		Prior Year		Current Year	
	8	Contr	butions and grants (Part VIII, li	ne 1 h)			0	0	
Revenue	9 Program s		am service revenue (Part VIII, li	ne 2g)		4,626,	956	4,617,797	
e vet	10			n (A), lines 3, 4, and 7d)		236,	704	249,813	
_	11			lines 5, 6d, 8c, 9c, 10c, and 11e)		2,267,	921	2,058,339	
	12		revenue—add lines 8 through 11	ne	7,131,	581	6,925,949		
	13			IX, column (A), lines 1-3)			0	0	
	14	Benef	its paid to or for members (Part I	X, column (A), line 4)		1,	266	1,371	
8	15	Saları 5–10		ee benefits (Part IX, column (A), lines		2,888,	2,888,774 2,77		
Expenses	16a	Profes	ssional fundraising fees (Part IX,	column (A), line 11e)			0	0	
ਡੋ	ь	Total fu	ındraısıng expenses (Part IX, column (D), line 25) 🗠					
	17			lines 11a-11d, 11f-24e)		3,345,		3,425,279	
	18			st equal Part IX, column (A), line 25)		6,235,		6,197,091	
	19	Rever	iue iess expenses. Subtract line	18 from line 12	_	895, inning of Curre		728,858	
ත් කිරීම කිරීම					Beg	Year		End of Year	
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)			116,632,	844	121,179,320	
2 E	21					104,706,		108,667,758	
	22			line 21 from line 20		11,926,	501	12,511,562	
Unde my k	nowle arer ha	alties of dge and as any k	belief, it is true, correct, and cor nowledge *** ature of officer TH GRIESE PRESIDENT/CEO	amined this return, including accompa nplete Declaration of preparer (other					
		<u> </u>	e or print name and title		-				
De:	4		Print/Type preparer's name CHRISTOPHER A WARD	Preparer's signature	Date	Check if self-employed	PTIN P0075	1311	
Paid			Firm's name F DEMING MALONE LIVE	SAY & OSTROFF PSC		Firm's EIN ► 6	1-10642	249	
	pare		Firm's address ► 9300 SHELBYVILLE ROA	n's address ► 9300 SHELBYVILLE ROAD SUITE 1100 Phone no (502) 426-9660					

LOUISVILLE, KY 402225187

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

✓ Yes No

4e Total program service expenses ► 6,197,091

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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</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^{\bullet}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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		Νo
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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 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		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, 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> "Yes," complete Schedule F, Parts 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 (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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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	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 "Yes," complete Schedule R, Part I</i>	33		No
	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		No
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

GI I	Statements Regarding Other 1RS Fillings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	j Ne
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3,342		163	
	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			
	gaming (gambling) winnings to prize winners?	1c	Yes	
ı	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			
	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	Yes	
l	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		N
	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		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
1	6a		N	
	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		1	
	7a		N	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		N
	file Form 8282?	- /c		IV
	11 Fes, indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	9b		
	Section 501(c)(7) organizations. Enter			
	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)			
	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			
	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		_
)	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		_	
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

			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? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo						
L										
D	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?	10b								
				No						
11a	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			No						
11a b	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?		Yes	No						
11a b 12a	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?	11a	Yes	No No						
11a b 12a b	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?	11a	Yes							
11a b 12a b	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?	11a 12a 12b	Yes	No						
11a b 12a b	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	11a 12a 12b		No						
11a b 12a b c	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?	11a 12a 12b 12c 13	Yes	No						
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13	Yes	No						
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13	Yes Yes	No						
11a b 12a b c 13 14 15	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?	11a 12a 12b 12c 13 14	Yes Yes Yes	No						
11a b 12a b c 13 14 15 a b	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 Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes	No						
11a b 12a b c 13 14 15 a b	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 Other officers or key employees of the organization 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	11a 12a 12b 12c 13 14 15a	Yes Yes Yes	No No						
11a b 12a c 13 14 15 a b 16a b	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 Other officers or key employees of the organization 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? 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	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No						
11a b 12a c 13 14 15 a b 16a b	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 Other officers or key employees of the organization 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? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No						

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

19 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 ►STEPHEN CARRICO PO BOX 51770 BOWLING GREEN, KY 421026770 (270)796-8500

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(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) LOUELLA FONG	1 00	×						0	0	0	
BOARD MEMBER		^_						Ŭ	Ü	0	
(2) C RICHARD ALDRIDGE	1 00	×						0	0	0	
VICE CHAIR BOARD MEMBER		^						U	U	0	
(3) HAROLD LITTLE	1 00	T,							0		
SECRETARY/TREASURER BOARD MEMBER		Х						0	0	0	
(4) LESLIE WEIGEL	1 00	,,									
CHAIRPERSON BOARD MEMBER		Х						0	0	0	
(5) RICHARD L MILLER	1 00										
BOARD MEMBER		X						0	0	0	
(6) CAROL GLASER	1 00										
BOARD MEMBER		Х						0	0	0	
(7) BRENDA WILLOUGHBY	1 00										
BOARD MEMBER		Х						0	0	0	
(8) GARTH GRIESE	40 00										
PRESIDENT AND CEO				Х				110,580	0	0	
(9) LEAH ECKLEY	40 00										
EXECUTIVE VP AND COO				Х				87,634	0	6,562	
(10) STEPHEN CARRICO	40 00										
SENIOR VP AND COO				Х				75,747	0	4,545	
(11) KRISTIE KENNEDY	40 00										
VP OF LENDING				Х				73,093	0	5,482	
(12) ANTHONY SEAN MOORE	40 00										
	10 00			Х				65,792	0	4,934	
VP OF IS AND TECHNOLOGY (13) VALERIE BROWN	0 00										
							Х	486,207	0	0	
FORMER CEO	 				\vdash	\vdash					
				_	_		_				

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

(A) Name and Title		(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)		(E) Reportable compensation from related organizations (W-		(F) Estima mount of compens from t	other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed l
												_		
												+		
												+		
1b	Sub-Total							•						
C	Total from continuation sheet	s to Part VII, S	ection A	١.			-	F						
d	Total (add lines 1b and 1c) .				•	•	•	•		899,053		0		21,523
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) wl	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					key •	emplo	yee,	or highes	t compen	sated employee	3	Yes	
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	satı	on fr	om any	unr / unr	elated org	ianization	or individual for	-+	162	
	services rendered to the organ	ıızatıon? <i>If "Ye</i> s,	," compl	ete S	ched	ule J	for su	ch pe	erson .			5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fix compensation from the organiz	e highest comp											tax vear	
		(A)	-	4 (1011	101		archae	y C	ar chang		(B)	13.113	(C	
	Name and business address Description of services										Compensation			

(A) Name and business address	(B) Description of services	(C) Compensation
PSCU FINANCIAL SERVICES 560 CARRILLION PARKWAY ST PETERSBURG FL 33716	DEBIT CARD AND CREDIT CARD	464,182
UNITED HEALTHCARE 301 NORTH HURSTBOURNE PARKWAY SUITE LOUISVILLE KY 40222	INSURANCE	276,369
SHARE ONE INC 2650 THOUSAND OAKS BLVD MEMPHIS TN 38118	COMPUTER CORE PROCESSING	120,089
Total number of independent contractors (including but not limited to those lighted above	\b = 112 = 2 d 122 = 2	

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 ►3

		Check if Schedu	ule O contains a respor	nse or note to any li	ne in this Part VIII	<u></u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated camp	paigns 1a					
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership du	es 1b					
Gr	С	Fundraising eve	ents 1c					
ifts, ar ⊉	d	Related organiz	ations 1d					
ons, Gift Similar	e	Government grants	s (contributions) 1e					
ons Sii	f	All other contribution	ons, gifts, grants, and 1f					
tributio Other	-	sımılar amounts no	t included above					
ıti 101	g	Noncash contribution 1a-1f \$	ons included in lines					
Con' and	h	Total. Add lines	s 1a-1f	· · · •				
<u>e</u>				Business Code				
venu	2a	INTEREST INCOME	ON LOANS TO MEMBE	522130	4,617,797	4,617,797		
Æ	Ь							
МСР	С							
Ser	d							
ranı	e f	ΔII other progra	ım service revenue					
Program Serwoe Revenue	•							
	g 3	Total. Add lines		>	4,617,797			
		and other simila	ome (including dividen ar amounts)	🟲 [321,305	321,305		
	4		tment of tax-exempt bond	proceeds 🕨				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross rents	(I) Keal	(II) F ersonar				
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	' '	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of	6,100,049	123,475				
		assets other than inventory						
	Ь	Less cost or other basis and	6,100,049	194,967				
	c	sales expenses Gain or (loss)	0	-71,492				
	d	Net gain or (los	s)		-71,492	-71,492		
	8a	Gross income fi	_					
Other Revenue		events (not incl	luaing					
eve		of contributions See Part IV, lin	reported on line 1c)					
r.		300 1 410 1 7 7 1111	a a					
the	ь		penses b					
0	c		loss) from fundraising	events ⊫-				
	9a	See Part IV, lin	rom gaming activities e 19					
			а					
	Ь		penses b loss) from gaming acti	Vutios b				
		Gross sales of i		vicies				
		returns and allo	wances .					
	L	loco castif	a h					
		Less cost of go Net income or (oods sold b loss) from sales of inv	L entory ▶				
		Miscellaneous		Business Code				
	11a	NSF AND ODP	FEES	522100	824,612	824,612		
	b	VISA CHECK F	EES	522100	500,602	500,602		
	c	DELINQUENT		522100	98,886	98,886		
	d		ue		634,239	617,715	16,524	
	e	Total. Add lines		•	2,058,339			
	12	lotal revenue.	See Instructions .	· · · · •	6,925,949	6,909,425	16,524	Form 990 (201

Part IX Statement of Functional Expenses

ection 501(c)(3) and 501(c)(4)) organizations must complete all	columns All other organizations mu	st complete column (A)

	Check if Schedule O contains a response or note to any line in this of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	· ·	Total expenses	expenses	general expenses	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	1,371			
5	Compensation of current officers, directors, trustees, and key employees	466,519			
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	2,125,545			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	178,377			
11	Fees for services (non-employees)				
а	Management	102,125			
b	Legal	66,353			
c	Accounting	33,455			
d	Lobbying				
e	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)				
12	Advertising and promotion	293,903			
L3	Office expenses	155,608			
.4	Information technology				
. 5	Royalties				
L6	Occupancy	329,454			
L 7	Travel	3,088			
L8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L 9	Conferences, conventions, and meetings	60,220			
20	Interest	501,532			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	348,515			
23	Insurance	32,395			
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	PROVISION FOR LOAN AND	386,773			
b	DEBIT CARD OPERATIONS	346,480			
c	CREDIT CARD OPERATIONS	211,272			
d	NCUA TCCUSIF PREMIUM AS	84,630			
e	All other expenses	469,476			
25	Total functional expenses. Add lines 1 through 24e	6,197,091			
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

F G	τχ	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	5,277,943	1	5,188,362
	2	Savings and temporary cash investments	10,828,087	2	4,339,360
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	74,116,947	4	79,958,577
	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	
Assets	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	
82	7	Notes and loans receivable, net		7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	255,918		222,190
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 9,865,019	·		
	ь	Less accumulated depreciation	5,433,383	10c	5,175,010
	11	Investments—publicly traded securities		11	<u> </u>
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	12,833,090	13	18,822,011
	14	Intangible assets	, ,	14	· · ·
	15	Other assets See Part IV, line 11	7,887,476		7,473,810
	16	Total assets. Add lines 1 through 15 (must equal line 34)	116,632,844	16	121,179,320
	17	Accounts payable and accrued expenses	1,518,112		1,241,094
	18	Grants payable	.,,	18	.,,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	165.036	21	197,081
lities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	100,000		
Liabiliti		persons Complete Part II of Schedule L		22	
ï	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	103,023,195	25	107,229,583
	26	Total liabilities. Add lines 17 through 25	104,706,343	26	108,667,758
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Fund Balance	28	Temporarily restricted net assets		28	
Ξ	29	Permanently restricted net assets		29	
Fu		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🔽 and			
ŏ		complete lines 30 through 34.			
Ş	30	Capital stock or trust principal, or current funds	0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	2,152,518	31	2,152,518
ď	32	Retained earnings, endowment, accumulated income, or other funds	9,773,983	32	10,359,044
Ř	33	Total net assets or fund balances	11,926,501	33	12,511,562
	34	Total liabilities and net assets/fund balances	116,632,844	34	121,179,320

Par	rt XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		6,9	925,949
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		6,:	197,091
3	Revenue less expenses Subtract line 2 from line 1	. з		-	728,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		11,9	926,501
5	Net unrealized gains (losses) on investments	. 5			
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		-:	143,797
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		12,	511,562
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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 Schedule O	ın			
2a	a 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 a separate basis, consolidated basis, or both	or reviewed 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 or basis, consolidated basis, or both	n a separate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for a audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O $$	xplaın ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	rth in the	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		

DLN: 93493119010154

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, 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)

Open to Public

itemal	Revenue Service and its instruct	ions is at <u>www.irs.gov/10111990</u> .	Inspection
	me of the organization VICE ONE CREDIT UNION INC		Employer identification number
			61-6034178
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<u> </u>	radvised Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or donor advisor, or for an	y other purpose Yes No
Pai	t II Conservation Easements. Complete if	the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of an Preservation of a contraction	ertified historic structure
	easement on the last day of the tax year	Г	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	` `	2d
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminated	d by the organization during
	the tax year 🛌		
1	Number of states where property subject to conservat	ion easement is located ►	<u> </u>
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents during the year
7	A mount of expenses incurred in monitoring, inspecting \$\blue{\pi}\$\$, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2(d and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sect	tion 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial :	
ar	Complete if the organization answered "Y	s of Art, Historical Treasures, of es" to Form 990, Part IV, line 8.	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o	or research in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, o	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		
а	Revenues included in Form 990 Part VIII line 1		b

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	lections of Art,	Histo	rica	al Treasu	ires, or Oth	<u>er Similar Ass</u>	ets (continued)
	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	s, chec	kan	y of the foll	owing that are	a significant use o	fits
а	Public exhibition		d [_ ı	oan or exc	hange progran	ns	
b	Scholarly research		е Г	- (Other			
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIII	llections and explain	n how th	ney	further the o	organization's	exempt purpose in	
	During the year, did the organization solicit o assets to be sold to raise funds rather than t							Yes No
Pari		ements. Complet	te if th	e o	ganızatıoı		'Yes" to Form 99	0,
	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other assets		Yes 🗸 No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowin	g tal	ole			
							Amo	unt
c	Beginning balance					10	:	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?				▽	Yes No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	explana	ation	has been p	provided in Par	t XIII	ᅜ
Par								
		(a)Current year	(b) Pri	or ye	ar b (c) T	wo years back (1)Three years back (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	Lg, c	olumn (a))	held as		
а	Board designated or quasi-endowment ►							
b	Permanent endowment ►							
	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%						
	Are there endowment funds not in the posses organization by	sion of the organiza	tion tha	it ar	e held and a	administered fo		Yes No
	(i) unrelated organizations			•			3a(i)	
	(ii) related organizations			•			3a(ii)	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizatior Describe in Part XIII the intended uses of th						<u>3b</u>	<u> </u>
Part						wered 'Yes' t	o Form 990. Par	t IV, line
	11a. See Form 990, Part X, line 1							
	Description of property				Cost or other (investment)	(b) Cost or othe basis (other)	r (c) Accumulated depreciation	(d) Book value
1a L	and					624,40	7	624,407
b B	uıldıngs		. [5,472,72	8 1,485,140	3,987,588
c L	easehold improvements		. [
d E	quipment		. [3,767,88	4 3,204,869	563,015
	ther		. [
	Add lines 1a through 1e (Column (d) must ed							

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Com	aloto if the organization	answared 'Ves' to Fe	urm 000 Part IV line 11c
See Form 990, Part X, line 13.	piete ii the organization	answered tes to re	orm 990, Part IV, line IIC
(a) Description of investment	(b) Book value	(c) Method of va	
		Cost or end-of-year	market value
(1) CERTIFICATES OF DEPOSIT>1 YEAR IN MATURITY	3,872,237	<u> </u>	
(2) GSE AGENCY BONDS	9,936,973	F	
(3) VISA CLASS B STOCK	254,523	F	
(4) COMPANY OWNED LIFE INSURANCE	2,787,369	F	
(5) MUNICIPAL BONDS	434,565	F	
(6) INVESTMENT IN CORPORATE CREDIT UNIONS	1,361,344	C	
(7) FHLB STOCK	175,000	С	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	18,822,011		
Part IX Other Assets. Complete if the organization are (a) Description		Part IV, line 11d See	(b) Book value
(1) NCUSIF DEPOSIT	011		1,057,874
(2) PLAN 457(B) DEPOSIT			179,453
(3) PLAN 457(F) DEPOSITS			5,429,019
(4) COMPENSATING BANK BALANCE			150,000
(5) ACCOUNTS AND OTHER RECEIVABLES			351,633
(6) MISCELLANEOUS ASSETS			305,831
			,
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)			7,473,810
Part X Other Liabilities. Complete if the organiz			
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25.	ation answered 'Yes' to		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability			
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes	(b) Book value		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS	(b) Book value 44,394,730		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS MEMBER SHARE DRAFTS	(b) Book value 44,394,730 31,793,758		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS	(b) Book value 44,394,730		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS MEMBER SHARE DRAFTS	(b) Book value 44,394,730 31,793,758		
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Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS MEMBER SHARE DRAFTS	(b) Book value 44,394,730 31,793,758		
Part X Other Liabilities. Complete if the organize Form 990, Part X, line 25. 1 (a) Description of liability Federal income taxes MEMBER SHARE DEPOSITS MEMBER SHARE DRAFTS	(b) Book value 44,394,730 31,793,758		

Par		Revenue per Audited Financial Statements With Revenu wered 'Yes' to Form 990, Part IV, line 12a.	e per Retu	rn Complete If
1	Total revenue, gains, and oth	er support per audited financial statements	1	6,925,949
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12		
а	Net unrealized gains on inves	tments		
b	Donated services and use of	facilities		
C	Recoveries of prior year gran	s 2c		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		. 2e	0
3	Subtract line ${f 2e}$ from line ${f 1}$.		. 3	6,925,949
4	Amounts included on Form 99	00, Part VIII, line 12, but not on line 1		
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b		. 4c	0
5		d 4c. (This must equal Form 990, Part I, line 12)	5	6,925,949
Par		xpenses per Audited Financial Statements With Expenswered 'Yes' to Form 990, Part IV, line 12a.	ses per Re	turn. Complete
1		r audited financial statements	1	6,197,091
2		ut not on Form 990, Part IX, line 25	-	
a		acilities 2a		
b				
c	•			
d				
e				0
3	_		. 3	6,197,091
4		0, Part IX, line 25, but not on line 1:		
а		luded on Form 990, Part VIII, line 7b 4a		
b	•	4b		
c	Add lines 4a and 4b		. 4c	0
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	. 5	6,197,091
Par	t XIII Supplemental In	formation		
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this pai		ny additional
	Return Reference	Explanation		
PART	ΓIV, LINE 2B	THE CREDIT UNION COLLECTS FUNDS FROM ITS MORTGAGE LOTHE FUNDS IN ESCROWTO PAY THE BORROWERS REAL ESTATE INSURANCE PREMIUMS		

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493119010154

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 SERVICE ONE CREDIT UNION INC **Employer identification number**

61-6034178

Pa	Questions Regarding Compensation			
			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	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 organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	, reproved by the board of compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	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 complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		
b	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 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
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 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			
_		8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	seed on 33 1930 of cy.			

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)(1)-(111) 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-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)VALERIE BROWN FORMER CEO	(i) (ii)	486,207 0	0 0	0	0 0	0	486,207 0	0

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

DLN: 93493119010154

OMB No 1545-0047

Open to Public Inspection

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, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name SERV:

e of the organization CE ONE CREDIT UNION INC		Employer identif	ication number
		61-6034178	
I Excess Benefit Transac	tions (section 501(c)(3) and section	n 501(c)(4) organizations only).	
Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line	25a or 25b, or Form 990-EZ, Part \	/, line 40b
(a) Name of disqualified person	(h) Palationship between disqualified	(c) Description of transaction	(d) Correcte

			ection 501(c)(3) an						
			Yes" on Form 990, Pa						
1 (a) Na	me of disqualified pe	` '	itionship between disq					(d) Co	rrected?
		р	erson and organizatior	1	Yes				
									_
									_
									_
									_
									_
			ion managers or disqu		_		section		_
3 Enterthe	amount of tax, if ar	ny, on line 2, abo	ve, reimbursed by the	organızatıon			> \$		
Part II L	oans to and/or	From Intere	sted Persons.						
С	omplete if the orgar	nization answere	d "Yes" on Form 990-1	EZ, Part V, lii	ne 38a, or Fo	rm 990, Pai	rt IV, lıne 26,	or if the	
0	rganization reported	an amount on F	orm 990, Part X, line 5	, 6 , or 22					
(a) Name of	(b) Relationship	` ' '	` '	(e)Orıgınal	(f)Balance		(h)	1 ` '	Vritten
ınterested	with organization	loan	or from the	principal	due	default?	Approved	agre	ement?
person			organization?	amount			by .		
							board		

	mpiete if the orgar					ie 38a, or Foi	m 990	, Part	:IV, line	26, or	irtne	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original principal amount	(f) Balance due		default?		ed tee?	(i)Writ	
			То	From			Yes	No	Yes	No	Yes	No
(1) RICHARD L MILLER		RESIDENTIAL MORTGAGE		×	80, 255	41,881		No	Yes		Yes	
(2) JOSEPH P STEWART		USED AUTO LOAN		×	15, 395	10,880		No	Yes		Yes	
(3) CHARLES RICHARD ALDRIDGE	BO A RD MEMBER	CREDIT CARD		X	0	4,692		Νo	Yes		Yes	
											_	
			1	1				l	I			

Total 57,453 Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.											
(b) Relationship between interested person and the organization	(c) A mount of assistance	(d) Type of assistance	(e) Purpose of assistance								
		•									
	(b) Relationship between interested person and the	(b) Relationship between interested person and the	(b) Relationship between interested person and the (c) A mount of assistance (d) Type of assistance								

Part IV Business Transactions In	nvolving Interested	i Persons.			
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2013

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493119010154

OMB No 1545-0047

2013

Open to Public Inspection

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization SERVICE ONE CREDIT UNION INC

Employer identification number

61-6034178

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 14400 MEMBERS AS OF DECEMBER 2013
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
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
FORM 990, PART VI, SECTION B, LINE 11	A DRAFT PDF COPY OF THE FORM 990 IS EMAILED TO THE PRESIDENT/CEO TO REVIEW PRIOR TO FILING THE 990
FORM 990, PART VI, SECTION B, LINE 12	OFFICERS AND DIRECTORS OF THE CREDIT UNION ARE REQUIRED ANNUALLY TO DISCLOSE IN WRITING ON FORMS THAT THEY ARE NOT ENGAGED IN ANY RELATIONSHIPS 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 EXCEPTIONS TO THE ATTENTION OF STATE AND FEDERAL EXAMINERS
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS EVALUATES 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 EMPLOY MENT 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 BEEN MET
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 OTHER PUBLICALLY AVAILABLE DOCUMENTS
FORM 990, PART XI, LINE 9	FORM 990, PART XI, LINE 9 - INCREASES IN THE BALANCE OF UNREALIZED LOSSES -143,797 ON AFS SECURITIES