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For Paperwork Reduction Act Notice, see the separate instructions. DAA

Form

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015 Open to Public Inspection

<u>A</u>	For the 2015 of	alendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization		D Employer	identification number
	Address change	First Missouri Credit Union		ŀ	
	}	Doing business as		l 43-0	492167
<u></u>	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone	
_ L	Initial return	1690 Lemay Ferry Rd.		314-	544-5050
	Final return/	City or town, state or province, country, and ZIP or foreign postal code			
	terminated	Saint Louis MO 63125		G Gross rece	ipts \$ 3,659,705
[3]	Amended return	F Name and address of principal officer		G Gloss leve	
透過	Application pending	Steve G. Ogolin	H(a) Is this a gro	oup return for su	bordinates? Yes X No
85	, .,	1690 Lemay Ferry Rd.	H(b) Are all sub	ardinatos incli	ided? Yes No
- 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15					
		St. Louis MO 63125	1 140,	anacı a iist (see instructions)
<u> </u>	Tax-exempt status	501(c)(3) X 501(c) (14) ◄ (insert no) 4947(a)(1) or 527	Į		
<u> </u>	Website:	ww.1stmocu.org	H(c) Group exe		<u> </u>
₩.	Form of organization	X Corporation Trust Association Other ▶ L Ye	ar of formation 1	927	M State of legal domicile. MO
	<u>Parti Su</u>	ımmary			
Giûž.	1 Bnefly de	escribe the organization's mission or most significant activities			
<u>نچ</u>	Toe	encourage thrift among the members, to encourage savi	ngs and o	rive lo	ans
ž	for	member purposes.			
6 E					
ā	2 Chook th	is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	-6 ia4a	_	
٤	2 Check in	•	or its net asset	1 1	•
e	3 Number	of voting members of the governing body (Part VI, line 1a)		3	9
9	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	9
ξ.	5 Total nur	nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	28
į	6 Total nur	nber of volunteers (estimate if necessary)		6	_ 0
		elated business revenue from Part VIII, column (C), line 2 RECEIVED	7	7a	50,331
	b Net unrel	lated business taxable income from Form 990-T, line 34 (C)	ſ	7b	-60,267
			Prior Ye	ar	Current Year
	8 Contribut	tions and grants (Part VIII, line 1h)	31		0
o di do	9 Program	n n			0
9	10 Investme	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), lines 3, 4, and 7d)	12	7,482	124,093
ă	11 Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,258	3,535,612
	4	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,740	3,659,705
_			3,43	2,730	<u>5,059,705</u> 0
		nd similar amounts paid (Part IX, column (A), lines 1–3)			
		paid to or for members (Part IX, column (A), line 4)	1 10	2 665	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ä	3 15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,19	3,665	1,276,888
909000	16a Profession	onal fundraising fees (Part IX, column (A), line 11e)			0
Š	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 0			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Ú	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,81		1,949,957
	18 Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,00	4,694	3,226,845
	19 Revenue	less expenses Subtract line 18 from line 12	44	8,046	432,860
, 7	88 3		Beginning of Cur		End of Year
25		sets (Part X, line 16)	55,74	2,983	<u>59,322,490</u>
Ass	21 Total liab	oilities (Part X, line 26)	49,12	0,246	52,263,269
2	記 22 Net asse	ts or fund balances Subtract line 21 from line 20	6,62	2,737	7,059,221
205		gnature Block			
-		penjury, I declare that I have examined this return, including accompanying schedules and statements,	and to the hest o	f my knowled	dge and helief it is
2	true, correct, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer has an	ny knowledge	,	- / /
2×-					9/16/11
⊜್ಮ		Signeture of officer		Date	
ຼັຣ	ign /	STEVE ON IEWAZ 201	lice 1	RESID	E. T.
30H			THE T	2316/	av
		Type or print name and title			· — · · · · · · · · · · · · · · · · · ·
	1	pe preparer's name Preparer's signature	Date	Check	ef PTIN
₩ Pa		el Carter Michael Carter	09/16	/16 self-em	ployed P01296915
1	reparer Firm's na			Firm's EIN	
₹ 0	se Only	1690 Lemay Ferry Rd			
S -	Firm's a	ddress > Saint Louis, MO 63125-2406	ļ.	Phone no	314-256-5623
1 80) -		se this return with the preparer shown above? (see instructions)			Y Vas No

) (Revenue \$

4e

(Expenses \$

4d Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

Form 990 (2015) First Missouri Credit Union 43-0492167 **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			v
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		$\frac{\mathbf{x}}{\mathbf{x}}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
•	candidates for public office? If "Yes," complete Schedule C, Part I	3	x	
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	ļ	
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	İ	X
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		ļ	
	"Yes," complete Schedule D, Part I	6		X
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	1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	- 1	X
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	\mathbf{x}	
0	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		_X
1	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	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		i	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		X
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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		32	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	404		₹.
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
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? If "Yes," complete Schedule F, Parts III and IV	16		x
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
			99t	10045

Form 990 (2015) First Missouri Credit Union 43-0492167 Page 4 Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 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 X employees? If "Yes," complete Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 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), 501(c)(4), and 501(c)(29) 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 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 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 "Yes," complete Schedule L, Part II X 26 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 X 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

related organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2015)

X

35b

36

37

38

36

37

38

Part VI

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		`	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 2a 28			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_X_	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
_	account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		-	
	(FBAR)			•
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6-		x
6		6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90		
a	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5	-	
_	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		
8	Sponsoring organizations maintaining donor advised fundsDid a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations.Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	 ′		
11	Section 501(c)(12) organizations.Enter:			
a	Gross income from members or shareholders 11a		,	ľ
Þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)	 	- 1	ŧ
12a	Section 4947(a)(1) non-exempt charitable trusts.ls the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 504(c)(29) qualified perpendit health insurance issuers		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	138		
L	Note. See the instructions for additional information the organization must report on Schedule O			
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			Ī
_	Enter the amount of reserves on hand		ĺ (l
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 	†
	11 100, 1100 to 1100 t		99	<u> </u>

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "I		uge o
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Ser			S.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 9			
	If there are material differences in voting rights among members of the governing body, or	1		
	If the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			ŧ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1	- }	
	any other officer, director, trustee, or key employee?	2	x	:
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		X
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	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	''		
.,	stockholders, or persons other than the governing body?	7 _b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	'°		
а	The governing body?		x	:
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	90		——
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code			
	tion Bill onoted (This obsticit b requests information about policies not required by the internal revenue obdi	2.7	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	i
11a	and the control of th	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			7
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	Ī
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	•	x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		ĺ
Sec	etion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon 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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶			
	irst Missouri Credit Union 1690 Lemay Ferry Rd.			
		4-54	4-5	050

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(9)

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(11)

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Form 990 (2015) First Mis	souri C	red	it	U	nio	on		43-049	2167		p	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated El									Employe		age r	
	Independent Contractors									•			
	Check if Schedu	le O contains	a re	espo	onse	e or	not	e to	any line in this Part V	<u>//I</u>			
Section A.									t Compensated Employe				
1a Complete th organization's ta		s required to be	listed	Rep	ort o	comp	ensa	ation	for the calendar year ending	g with or within the			
	the organization's <mark>cui</mark> Enter -0- in columns (dividuals or organizations),	regardless of amount of			
									s for definition of "key emplo	•			
who received re		on (Box 5 of For							than an officer, director, true 1099-MISC) of more than 5				
\$100,000 of rep	oortable compensation	n from the organ	izatio	n an	d an	y rela	ated	orga					
									the capacity as a former dun and any related organizate				
•		•					_		stees; officers, key employe				
	mployees; and former	•											
Check this t	oox if neither the orga	nization nor any	relate	ed or	ganı	zatio	n co	mpe	nsated any current officer, of	director, or trustee.			
	(A)	(B)				C)			(D)	(E)		(F)	
Nar	ne and Title	Average hours per	(4	o not		noitie , more	than	one	Reportable compensation	Reportable compensation from		Estimated amount of	
		week					s both		from	related		other	
		(list any hours for	1 ==	r =		r —	or/trus		the organization	organizations (W-2/1099-MISC)	'	compensation from the	
		related organizations	ndividual or director	nstitutional	Officer	ey e	콩	Former	(W-2/1099-MISC)	·	1	organization and related	
		below dotted	director	l dion	=	employee	8 8	4				organizations	
		line)	trustee	퇃		yee	慐						
			8	trustee			Highest compensated employee						
(1) Steve	G. Ogolin	 	+-	-	-	-	۳						
\ ***	-	37.50			1								
CEO		0.00			X		<u> </u>	<u>.</u>	137,000		0		0
(2)				1									
						1							
(2)			+	├			┢		 		+		
(3)											ļ		
			_		<u> </u>	<u> </u>	igsqcup	<u> </u>			<u> </u>		
(4)													
											Ì		
(5)				T		Π	Γ						
		1	1	i	1	i	1	i	1		1		

Pai	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employee(continued)			
	(A) Name and title	Name and title Average hours per week (list any hours for				ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the				
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	orga and	organization and related organizations	
													
1b	Sub-total	<u> </u>	<u> </u>	<u>. </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	137,000				
С	Total from continuation she	ets to Part VII,	Sect	ion	A			•					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (ind	cluding but not lin	nited	to th	nse	liste	d abo	vel	137,000				
	reportable compensation from			1									
3	Did the organization list any fo employee on line 1a? If "Yes,"	complete Schede	ule J	for s	uch	ındıv	/idua				3	Yes	No X
4	For any individual listed on line organization and related organ individual	nzations greater t	han	\$150	,000)? If	"Yes,	" co	mplete Schedule J for such		4		x
5	Did any person listed on line 1: for services rendered to the or									dividual	5		x
Sect	Ion B. Independent Contracto												
1	Complete this table for your five compensation from the organization from the organizati	zation. Report co	nsate mper	ed in <u>nsatı</u>	depe on fo	ende or the	nt co cale	ntra enda	r year ending with or within	the organization's tax year.			
	Name and	(A) d business address			_			-	Descrip	(B) bition of services		(C) Compensa	ation
								T					
2	Total number of independent of received more than \$100,000	contractors (inclu	ding from	but i	not li oras	mite	d to t	nose	e listed above) who	0		 	
DAA												Form 99	0 (2015)

Form 990 (2015) First Missouri Credit Union

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (A) Total revenue (C) Unrelated (D) Revenue exempt function excluded from tax under sections business revenue revenue 512-514 1a Federated campaigns 1a b Membership dues 1b Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b C f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, 110,351 and other similar amounts) 110,351 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 13,742 other than inventor b Less cost or other basis & sales exps 742 13, c Gain or (loss) 13,742 13,716 26 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b b Less' direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b b Less: direct expenses c Net income or (loss) from gaming activities \blacktriangleright 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 2,490,606 522291 2,490,606 Loan Interest 522291 858,369 858,369 b Fees 49,070 524113 49,070 Financial Advisor Income 137,567 50,331 87,236 All other revenue 3,535,612 Total. Add lines 11a-11d 3,659,705 13,716 3,595,658 Total revenue. See instructions 50,331

Part IX Statement of Functional Expenses

First Missouri Credit Union

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses Do not include amounts reported on lines 6b, (B) (C) (D) Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 137,000 0 137,000 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 923,003 923,003 Other salanes and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 135,903 135,903 Other employee benefits 80,982 80,982 10 Payroll taxes Fees for services (non-employees) a Management Legal Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 366,941 366,941 (A) amount, list line 11g expenses on Schedule O) 132,263 132,263 12 Advertising and promotion 915,734 915,734 13 Office expenses Information technology Royalties 166,091 166,091 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 39,814 39,814 19 Conferences, conventions, and meetings 329,114 329,114 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) b C e All other expenses 3,226,845 0 3,226,845 25 Total functional expenses. Add lines 1 through 24e 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** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 561,812 473,013 Cash-non-interest bearing 1 168,847 Savings and temporary cash investments 2,068,657 2 2 Pledges and grants receivable, net 3 12,343 10,357 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 41,614,435 45,714,955 Notes and loans receivable, net 7 Inventories for sale or use R 159,781 212,779 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 3,535,701 10a other basis Complete Part VI of Schedule D 1,355,301 10b 2,197,571 2,180,400 b Less accumulated depreciation 10c 8,928,863 6,618,263 11 Investments—publicly traded securities 202,667 200,065 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 Intangible assets 14 1,843,666 1,896,999 15 15 Other assets. See Part IV, line 11 55,742,983 59,322,490 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 49,120,246 52,263,269 25 of Schedule D 49,120,246 52,263,269 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 6,622,737 7,059,221 27 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 6,622,737 7,059,221 33 33 Total net assets or fund balances 55,742,983 59,322,490 Total liabilities and net assets/fund balances

Form	990 (2015) First Missouri Credit Union 43-0492167			Pag	ge 12
Pa	rt Xł Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Γ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2	26,	845
3	Revenue less expenses. Subtract line 2 from line 1	3	4.	32,	860
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,6	22,	737
5	Net unrealized gains (losses) on investments	5		3,	624
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		_		
	33, column (B))	10	7,0	59,	221
Pa	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		Į.		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			,	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>	L
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a_	L	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	L	
			Fo	m 99	0 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Nam	e of organization				ification number			
	First Missouri Cred			43-04921				
Pa	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	527 organization.				
1	Provide a description of the organization's direct and indirect	ct political campaign activities in	Part IV					
2	Political expenditures			▶ \$	200			
3	Volunteer hours							
Pa	t I-B Complete if the organization is exem	pt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$				
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955		▶ \$				
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No			
	Was a correction made?				Yes No			
<u>b</u>	If "Yes," describe in Part IV		 					
Pa	t I-C Complete if the organization is exem	<u>opt under section 501(c),</u>	except section	ı 501(c)(3).				
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	n					
	activities			▶ \$				
2	Enter the amount of the filing organization's funds contribut	ed to other organizations for sec	tion					
	527 exempt function activities ▶ \$							
3								
_	line 17b	▶ \$						
4	Did the filing organization file Form 1120-POL for this year				X Yes No			
5	Enter the names, addresses and employer identification nu							
	organization made payments For each organization listed,	•	• •					
	the amount of political contributions received that were pro-	, ,		•				
	as a separate segregated fund or a political action committee		1 1					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and			
		1		funds if none, enter -0-	promptly and directly			
		ţ			delivered to a separate			
					political organization If none, enter -0-			
(1)								
(2)								
(3)								
		 						
(4)				<u> </u>				
(5)								
(6)				 				
_			<u> </u>		<u>i</u>			

Sch	hedule C (Form 990 or 990-EZ) 2015 First	Missouri	Credit Unio	on	43-04921	167 Page
P	art II-A Complete if the organiz	ation is exempt	under section 50	1(c)(3) and	filed Form 5768 (e	
	section 501(h)).	·			·	
Ā	Check ▶ ☐ if the filing organization	on belongs to an	affiliated group (a	nd list in Part	IV each affiliated g	roup member's
	name, address, EIN,	•				
B	Check ▶ ☐ if the filing organization	on checked box A	and "limited cont	rol" provision	s apply.	
		bying Expendit			(a) Filing	(b) Affiliated
_	(The term "expenditures"				organization's totals	group totals
7	1a Total lobbying expenditures to influence pu		•	}		-
	b Total lobbying expenditures to influence a le	-	t lobbying)	· •		
	c Total lobbying expenditures (add lines 1a a	na IB)		· }		
	d Other exempt purpose expenditures	oc 10 and 1d\		ŀ		
	 Total exempt purpose expenditures (add ling Lobbying nontaxable amount. Enter the amount. 	•	a table in both	ł		
	f Lobbying nontaxable amount. Enter the am columns.	outil from the following	ig table in both			
	If the amount on line 1e, column (a) or (b) is:	The Johnying nor	ntaxable amount is:		 	
	Not over \$500,000	20% of the amoun			•	
	Over \$500,000 but not over \$1,000,000		% of the excess over \$500	1000		
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0			
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,50			
	Over \$17,000,000	\$1,000,000				
	g Grassroots nontaxable amount (enter 25%					
	h Subtract line 1g from line 1a If zero or less	•		Î	, , , , , , , , , , , , , , , , , , , 	
	I Subtract line 1f from line 1c. If zero or less,	enter -0-		[
	j If there is an amount other than zero on eith	ner line 1h or line 1i, d	did the organization file	Form 4720		
	reporting section 4911 tax for this year?					Yes No
		4-Year Averag	ging Period Under	section 501(l	1)	_
	(Some organizations that ma			•	•	columns below.
	,	See the separate	instructions for li	es 2a throug	h 2f.)	
		abbuing Europel	itures During A Va		Daniad	
_	<u>L</u>	obbying Expendi	itures During 4-Ye	ar Averaging	Penda	
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	5 (e) Total
_			 	 		
_	2a Lobbying nontaxable amount			<u> </u>		
	b Lobbying ceiling amount					
	(150% of line 2a, column(e))					
_	c Total lobbying expenditures					
٠.	d Grassroots nontaxable amount					
_	e Grassroots ceiling amount					
	(150% of line 2d, column (e))		<u> </u>	<u>. I </u>		1

Schedule C (Form 990 or 990-EZ) 2015

f Grassroots lobbying expenditures

Part II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT filed F	orm (5768	<u>9 -</u> -
	(a)	(b)	
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local			,	
legislation, including any attempt to influence public opinion on a legislative matter or	į		Ì	•
referendum, through the use of:	•	1 .	,	` :
a Volunteers?	ļ			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?	ļ <u>.</u>			
d Mailings to members, legislators, or the public?	ļ			
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	 -			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	 			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	 	-		
i Other activities?	ļ			
j Total. Add lines 1c through 1i	Ī		,	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			·	
 b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 	ŀ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	F			······································
Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5)	react	Ltion	
501(c)(6).				,
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1-1-	╁
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	├ ─
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	F04/->/F>		3	<u> </u>
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of				
political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<u> </u>	
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list);	Part II-A, lines	1 and		
2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Schedule C, Part I-A, Line 1				

Small donations to local candidates in our designated area

Schedule C (Form 990 or 990-EZ) 2015 First Missouri Credit Union

43-0492167

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047 Open to Public inspection

Name of the organization

Employer Identification number

F	irst Missouri Credit Union	}.	43-0	492167
	rt I Organizations Maintaining Donor Advised Fu			
	Complete if the organization answered "Yes" on			
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (dunng year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or done	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importa	nt land a	area
	Protection of natural habitat	Preservation of a certified historic st	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conservation	n	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified histonic structure inc	uded in (a)	2c	· · · · · · · · · · · · · · · · · · ·
d	Number of conservation easements included in (c) acquired after 8/17/	06, and not on a	1 1	
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization di	uring the	•
	tax year ▶	<u>.</u>		
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mon	itonng, inspection, handling of		
_	violations, and enforcement of the conservation easements it holds?			☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation easem	ents dun	ing the year
-				
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easements	aunng tr	ne year
		the requirements of section 170/b\/4\/D\/i\		
•	Does each conservation easement reported on line 2(d) above satisfy and section 170(h)(4)(B)(ii)?	the requirements of section 170(1)(4)(b)(i)		Yes No
0	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense statement, and		
9	balance sheet, and include, if applicable, the text of the footnote to the	•		
	organization's accounting for conservation easements			
P	organizations Maintaining Collections of Art	Historical Treasures, or Other Sim	ilar As	ssets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r	ot to report in its revenue statement and balance	æ sheet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of	
	public service, provide, in Part XIII, the text of the footnote to its finance	al statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	o report in its revenue statement and balance s	heet	
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of	
	public service, provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		>	\$
	(ii) Assets included in Form 990, Part X		>	\$.
2	If the organization received or held works of art, historical treasures, o		the	
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items.		
а	Revenue included on Form 990, Part VIII, line 1		•	\$
h	Assets included in Form 990. Part X			· SS

664,315

2,180,400 Schedule D (Form 990) 2015

97,201

567,114

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (F	orm 990) 2015 First Missouri Credi	t Union	43-0492167	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV line	11h See Form 990 Part X	
	(a) Description of security or category			
	(including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
		 -	Cost of end-oi-year ma	Ket value
(1) Financial (
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
i_i		<u> </u>		
(E)				
(F)	•			
(G)				
(H)	••			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12) ▶			· ·
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X.	line 13.
	(a) Description of investment	(b) Book value	(c) Method of value	
			Cost or end-of-year ma	
(4)		- 		
(1)				
(2)				
_(3)				
(4)				
(5)				_
(6)				
(7)				
(8)				
(9)				
	- (h) must squal Form 000, Port V, sol. (P) line 12.)			
	n (b) must equal Form 990, Part X, col. (B) line 13)			<u></u>
Part IX	Other Assets.	E. 000 B (B)	4410 = 000 = 114	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X,	line 15.
	(a) Description	······································		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				-
(6)				
				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	_ _
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990,	Part X,
	line 25			
1.	(a) Description of liability	(b) Book value	`	***************************************
(1) Federal	I income taxes			•
	er Shares and CD's	51,629,553	,	
	r Payables	298,766		
(3) Othe	L sayaures		,	,
(4) D1V1	dends Payable	144,256		,
(5) More	Unapplied Data Processing	133,122		<i>'''</i>
	plied Data Processing	46,560		• •
	ued Interest	8,277	Í	1, ,
(8) Back	up Withholding	2,735		,
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)	52,263,269	1	í

che	dule D (Form 990) 2015 First Missouri Credit Union	43-049216	7	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements	With Revenue per Retui	rn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,659,705
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of pnor year grants	2c		
	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,659,705
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	į	5	3,659,705
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,226,845
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,226,845
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,226,845

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2015 First Missouri Credit Union

43-0492167

Page 5

Part XIII Supplemental Information (continued)

1STMOCU 09/16/2016 1 33 PM

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, line 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.

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

OMB No 1545-0047

Name	of	the	orgar	nization
------	----	-----	-------	----------

Employer identification number

	First Missourı Credit U	Jnion					43-	04921	67					
Pa	Excess Benefit Transactions (s Complete if the organization answered "Y													
1 (a) Name of disqualified person		(b) Relationship between disqualified person and organization								(d)	Corrected?			
(1)												 		
(2)												十		
(3)											T			
(4)										$\neg \neg$		\top		
(5)												\top		
(6)												_		
2	Enter the amount of tax incurred by the organization under section 4958 Enter the amount of tax, if any, on line 2, above, rein	•			ns d	uring the year		▶ \$	<u> </u>					
Pa		'es" on Form	n 990-EZ, Part \	(d) L	e 38	(e) Original	Part IV, line 26; or		default?	(h) Ap		(i) Wi		
	•	illi diganization	юап	or	17	principal amount		<u> </u>		by board of committee?				
				To	From		<u> </u>	Yes	No	Yes	No	Yes	No	
(1)									1					
(2)														
<u> 1=/</u>								+		 				
(3)				-			<u> </u>	┦—						
(4)			<u></u>	_				<u> </u>						
(5)								ļ		ļ				
(6)				_										
<u>(7)</u>														
(8)						<u>.</u>								
<u>(9)</u>								<u> </u>						
(10)														
Total						▶ \$								
	rt III Grants or Assistance Benefitin Complete if the organization answered "Y				7.									
	(a) Name of interested person				mount of assistance	(d) Type of assistance	,	(8)	Purposi	e of ass	Istance			
(1) Mike Stemmler		Board of Directors			994		Loan							
	Keith Sullentrop	Board of Directors			48,163									
	Lyn Beauchaine	Board of	Directors			36,626		Lo	oan					
	Thomas Marvel	Board of Directors			11,217									
	Thomas Elder	Board of	Directors			178		Lo	an					
(6)	Thomas Diebold	Board of Directors				17,827	27 Loan							

Board of Directors

Board of Directors

Board of Directors

29,748

23,926

4,994

13,684

Officer Jana Wolfe For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Loan

Loan

Loan

Loan

(7) Mary Tesson

(9) Patricia Yaeger

(8) Tim Bauer

Part IV	Business Transactions Involving In Complete if the organization answered "Yes" or					
	Complete if the organization answered "Yes" or					
		1	28b, or 28c.		- [
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) Sh of o	org
		interested person and the organization	transaction		Yes	No.
1)					1,00	
2)						
3)						
(4)	· · · · · · · · · · · · · · · · · · ·	ļ	· · · · · · · · · · · · · · · · · · ·			_
(5)						
(6)		 				
(7) (8)						
(9)					+-	
10)			<u></u>			
Part V	Supplemental Information			·		
	Provide additional information for responses to	questions on Schedule L (se	e instructions).			
						
						
						_
						_
						
			 			
			· -·			
 						
						
						_
		· <u> </u>	······································			—

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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.

2015 Open to Public

Inspection

OMB No 1545-0047

Employer Identification number 43-0492167

Internal Revenue Service
Name of the organization

Department of the Treasury

First Missouri Credit Union

Form 990, Part I, Line 6
Asset/Liability Committee
Credit Committee
Supervisory Committee
Policy Committee
Salary Committee

Form 990, Part III, Line 4d - All Other Accomplishment N/A

Form 990, Part VI, Line 2 - Related Party Information Among Officers
Office Supplies

Phil Jr and Adam Brown Towing

Form 990, Part VI, Line 7a - Election of Members and Their Rights Election of Board members and their rights at our annual meeting.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Decisions subject to approval of members major decisions.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Return prepared by Accounting Manager and reviewed by CEO before signature.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Name of the organization

First Missouri Credit Union

Employer identification number 43-0492167

Policy enforced as needed to ensure non-colusion.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Voted on by the Board of Directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
Public documents are available for viewing at our main branch at 1690 Lemay
Ferry Rd. St. Louis MO 63125

Form 990, Part IX, Line 11g - Other Fees for Services
Description

	Program Serv	rice	Mgt &	General	Fundraisin	g				
Data Processing										
	\$	0	\$	121,859	\$	o .				
Bank Vue										
	\$	0	\$	43,675	\$	0				
Mobile Money										
	\$	0	\$	12,958	\$	0				
Virtual Bra	Virtual Branch									
	\$	0	\$	38,632	\$	0				
Online Bank	ing									
	\$	0	\$	57,850	\$	0				
Other Outside services										
	\$	0	\$	20,688	\$	0				
Auditing										
	\$	0	\$	12,386	\$	0				
Brinks										

\$

0

Undetermined