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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)	2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization DELTA COMMUNITY CREDIT UNION		D Employer identification number 58-0904765
	Doing business as		E Telephone number (404) 715-4725
	Number and street (or P O box if mail is not delivered to street address) 1025 VIRGINIA AVENUE	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30354		G Gross receipts \$ 695,708,124
	F Name and address of principal officer HANK HALTER 1025 VIRGINIA AVENUE ATLANTA, GA 30354		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(14) ☐ (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.DELTACOMMUNITYCU.COM			

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1940 **M** State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities HELP MEMBERS REACH A LEVEL OF FINANCIAL AWARENESS AND STABILITY THAT AFFORDS THEM THE PEACE OF MIND AND TIME TO ENJOY A RICHER LIFE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	9	
Activities & Governance	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	923	
	6	Total number of volunteers (estimate if necessary)	15	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	1,301,952	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	183,759,278	198,422,419
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,577,770	14,902,278
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	642,786	86,829
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,979,834	213,411,526
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	234,353	226,450
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,870,992	61,550,754
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	91,514,376	99,661,316
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	153,619,721	161,438,520
	19	Revenue less expenses Subtract line 18 from line 12	46,360,113	51,973,006
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	4,664,159,725	4,882,445,644
21		Total liabilities (Part X, line 26)	4,147,284,434	4,314,884,859
22		Net assets or fund balances Subtract line 21 from line 20	516,875,291	567,560,785

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****				2016-07-29		
	Signature of officer				Date		
	JAY GRATWICK EVP & CFO Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name DAVID TRIMNER		Preparer's signature DAVID TRIMNER		Date	Check ☐ if self-employed	PTIN P00444822
	Firm's name  CLIFTONLARSONALLEN LLP					Firm's EIN  41-0746749	
	Firm's address  1966 GREENSPRING DRIVE SUITE 300 TIMONIUM, MD 210934161					Phone no (410) 453-0900	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1

Briefly describe the organization's mission

HELP FAMILIES REACH A LEVEL OF FINANCIAL AWARENESS AND STABILITY THAT AFFORDS THEM THE PEACE OF MIND TO ENJOY A RICHER LIFE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ including grants of \$) (Revenue \$)

HELP 332,279 MEMBERS REACH A LEVEL OF FINANCIAL AWARENESS AND STABILITY THAT AFFORDS THEM THE PEACE OF MIND AND TIME TO ENJOY A RICHER LIFE

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses

Part IV Checklist of Required Schedules

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

Part 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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . . .	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	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	76,865	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
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.	923	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	Yes
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, securities account, or other financial account)?		4a	No
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	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
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?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
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 required to file Form 8282?		7c	
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
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 funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		No
b		
11a	Yes	
b		
12a	Yes	
b	Yes	
c	Yes	
13	Yes	
14	Yes	
15		
a	Yes	
b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a		No
b		
16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	GA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ 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	JAY GRATWICK 1025 VIRGINIA AVE ATLANTA, GA 30354 (404) 714-4725

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLISON AUSBAND DIRECTOR	5 00	X						9,000	0	0
(2) CHARLIE BOYAJIAN DIRECTOR	5 00	X						29,900	0	0
(3) WALTER BRILL DIRECTOR	5 00	X						13,500	0	0
(4) JAMES DIFFLEY CHAIRMAN	5 00	X		X				21,100	0	0
(5) ESTHER HAMMOND DIRECTOR	5 00	X						15,500	0	0
(6) LINDA O'SHEA VICE CHAIRMAN	5 00	X		X				14,200	0	0
(7) ROBIN STRICKLIN DIRECTOR	5 00	X						21,000	0	0
(8) MATTHEW SULLIVAN DIRECTOR	5 00	X						13,500	0	0
(9) LEMUEL WIMBISH SECRETARY & TREASURER	5 00	X		X				21,400	0	0
(10) SAMUEL HALTER JR PRESIDENT & CEO	40 00	X		X				854,191	0	388,632
(11) JOSEPH GRATWICK EVP & CFO	40 00			X				957,527	0	131,173
(12) MATTHEW SHEPHERD EVP & COO	40 00				X			690,288	0	166,991
(13) ROBERT WALSH JR EVP & CLO	40 00				X			339,312	0	112,382
(14) WILLIAM BUCHANAN SVP & CRO	40 00				X			305,749	0	83,360

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) PAMELA DAVIS SVP BRANCH DELIV & OPS	40 00				X			259,274	0	54,071
(16) ROBERT MANNING SVP & GENERAL COUNSEL	40 00				X			355,288	0	103,678
(17) WILLIAM MESPLAY JR SVP REMOTE DELIVERY	40 00				X			319,922	0	80,831
(18) SUZANNE MITCHELL SVP HR	40 00				X			247,176	0	70,295
(19) TIMOTHY MITCHELL SVP & CIO	40 00				X			161,119	0	60,714
(20) TERRY ANDERSON FINANCIAL ADVISOR	40 00					X		302,420	0	30,588
(21) DEBORAH PARRISH FINANCIAL ADVISOR	40 00					X		226,125	0	21,978
(22) AMIE MIZE VP - FINANCE	40 00					X		258,572	0	19,543
(23) JANICE TRIPP VP - INVESTMENTS & INSURANCE	40 00					X		258,496	0	21,192
(24) CLYDE NICHOLS VP - CREDIT ADMINISTRATION	40 00					X		217,983	0	27,470
(25) CAROL SUNDBERG SVP PAYMENTS	40 00						X	394,779	0	70,681
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)						6,307,321		0		1,443,579

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address		(B) Description of services	(C) Compensation
MERCER HEALTH & BENEFITS LLC PO BOX 730182 DALLAS, TX 75373		BENEFITS CONSULTING	280,596
MAZURSKY CONSTANTINE LLC 999 PEACHTREE ST NE STE 1500 ATLANTA, GA 30309		LEGAL SERVICES	109,091
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 ▶ 2		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	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 \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	Business Code						
	2a	INCOME FROM LOANS 522291	142,237,066	142,237,066			
	b	OTHER OPERATING INCOME 525990	56,185,353	54,906,452	1,278,901		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	198,422,419				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	13,052,621	13,052,621			
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	(i) Real					
		(ii) Personal					
		Gross rents 734,702					
		Less rental expenses 647,873					
	b	Rental income or (loss) 86,829					
	c	Net rental income or (loss)	86,829		23,051	63,778	
	7a	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory 468,369,958 15,128,424					
		Less cost or other basis and sales expenses 467,616,566 14,032,159					
	b	Gain or (loss) 753,392 1,096,265					
	c	Net gain or (loss)	1,849,657	1,212,172		637,485	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19					
	a						
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances					
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		213,411,526	211,408,311	1,301,952	701,263	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	199,450			
2 Grants and other assistance to domestic individuals See Part IV, line 22	27,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,206,804			
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	47,329,277			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,472,493			
9 Other employee benefits	3,259,636			
10 Payroll taxes	3,282,544			
11 Fees for services (non-employees)				
a Management				
b Legal	406,233			
c Accounting	209,414			
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)	8,132,708			
12 Advertising and promotion	4,116,019			
13 Office expenses	8,261,605			
14 Information technology				
15 Royalties				
16 Occupancy	4,882,036			
17 Travel	390,328			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	231,778			
20 Interest	14,465,840			
21 Payments to affiliates	296,100			
22 Depreciation, depletion, and amortization	4,731,649			
23 Insurance	623,247			
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)				
a FINANCIAL SERVICES OPER	16,847,242			
b LOAN SERVICE & COLLECTI	16,293,393			
c PROVISION FOR LOAN LOSS	12,550,000			
d SERVICE CONTRACTS	6,790,901			
e All other expenses	432,823			
25 Total functional expenses. Add lines 1 through 24e	161,438,520			
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

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		23,309,156	1	23,441,572
	2	Savings and temporary cash investments		127,695,417	2	171,077,027
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		47,246,322	4	48,906,201
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,074,113,853	7	3,513,721,423
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,332,312	9	2,643,583
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a145,170,810			
	b	Less: accumulated depreciation	10b49,572,761	110,660,989	10c	95,598,049
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		1,237,000,881	12	985,025,147
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		41,800,795	15	42,032,642
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,664,159,725	16	4,882,445,644
Liabilities	17	Accounts payable and accrued expenses		50,940,922	17	49,062,824
	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			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	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		4,096,343,512	25	4,265,822,035
	26	Total liabilities. Add lines 17 through 25		4,147,284,434	26	4,314,884,859
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☐ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☒ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		516,875,291	32	567,560,785
	33	Total net assets or fund balances		516,875,291	33	567,560,785
	34	Total liabilities and net assets/fund balances		4,664,159,725	34	4,882,445,644

Part XI Reconciliation 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	213,411,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,438,520
3	Revenue less expenses Subtract line 2 from line 1	3	51,973,006
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	516,875,291
5	Net unrealized gains (losses) on investments	5	-1,685,768
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	398,256
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	567,560,785

Part XII 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 ☒ 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? 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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? 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	2b	Yes
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	No
3b 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	

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

2015

Open to Public Inspection

Name of the organization DELTA COMMUNITY CREDIT UNION	Employer identification number 58-0904765
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) 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 (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive 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 donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part 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 an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4

Number of states where property subject to conservation easement is located ► _____

5

Does the organization have a written policy regarding the periodic monitoring, 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 violations, and enforcing conservation easements during the year
► _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

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), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

☐

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		24,736,514		24,736,514
b Buildings		80,635,449	15,691,707	64,943,742
c Leasehold improvements		7,878,722	6,238,005	1,640,717
d Equipment		20,197,878	18,432,681	1,765,197
e Other		11,722,247	9,210,368	2,511,879
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				95,598,049

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
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	215,477,746	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	4,153,593	
e	Add lines 2a through 2d	2e	4,153,593	
3	Subtract line 2e from line 1	3	211,324,153	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	2,087,373	
c	Add lines 4a and 4b	4c	2,087,373	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12)	5	213,411,526	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements	1	163,106,486	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,884,347	
e	Add lines 2a through 2d	2e	2,884,347	
3	Subtract line 2e from line 1	3	160,222,139	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,216,381	
c	Add lines 4a and 4b	4c	1,216,381	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	161,438,520	

Part XIII Supplemental Information
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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.

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT EVALUATED THE CREDIT UNION'S TAX POSITIONS AND CONCLUDED THAT THE CREDIT UNION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THE CREDIT UNION FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF GEORGIA. THE CREDIT UNION'S 2012 THROUGH 2015 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	MIA FULL YEAR INCOME 3,505,720 RENTAL EXPENSES 647,873
PART XI, LINE 4B - OTHER ADJUSTMENTS	MIA SHORT YEAR INCOME 2,087,373
PART XII, LINE 2D - OTHER ADJUSTMENTS	MIA FULL YEAR EXPENSES 2,236,474 RENTAL EXPENSES 647,873
PART XII, LINE 4B - OTHER ADJUSTMENTS	MIA SHORT YEAR EXPENSES 1,216,381

[illegible]

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA COMMUNITY CREDIT UNION

Employer identification number
58-0904765

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF ATLANTA 1577 NORTHEAST EXPRESSWAY SUITE A ATLANTA, GA 30329	58-1710601	501 (C) 3	55,000				FAMILY SUPPORT SERVICES PROGRAMS
(2) THE DELTA EMPLOYEES CARE FUND INC 1030 DELTA BLVD ATG 981 ATLANTA, GA 30354	20-8677471	501 (C) 3	10,000				PROVIDES ASSISTANCE TO ELIGIBLE DELTA EMPLOYEES, RETIREES AND THEIR SURVIVORS WHO SUFFER A SEVERE FINANCIAL HARDSHIP
(3) CATHEDRAL ANTIQUES SHOW - BENEFITING COVENANT HOUSE 2744 PEACHTREE ROAD NW ATLANTA, GA 30305	13-3523561	501 (C) 3	7,500				TO SUPPORT SHELTERS DEDICATED TO SERVING HOMELESS YOUTH
(4) WELLSPRING 860 JOHNSON FERRY ROAD SUITE 140-331 ATLANTA, GA 30342	58-2614182	501 (C) 3	7,500				FINANCIAL LITERACY/EMPOWERED LIVING PROGRAM

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

4

3

Enter total number of other organizations listed in the line 1 table

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) HBCU SCHOLARSHIP	4	7,000			
DELTA COMMUNITY SCHOLARSHIP (2) PROGRAM	5	20,000			

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	THE CREDIT UNION MAINTAINS WRITTEN POLICIES AND PROCEDURES REGARDING THE DISTRIBUTION OF GRANT FUNDS TO ORGANIZATIONS AND INDIVIDUALS THESE DETAIL ALL REQUIREMENTS FOR THE FUNDS AS WELL AS HOW THE FUNDS ARE TO BE DISTRIBUTED AND USED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
DELTA COMMUNITY CREDIT UNION

Employer identification number
58-0904765

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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		No
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?	Yes	
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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III		
7 For persons listed on 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		
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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
PART I, LINE 1B	THE CREDIT UNION HAS A WRITTEN EXPENSE REIMBURSEMENT POLICY FOR ALL OF ITS EMPLOYEES, BUT NOT THE BOARD TRAVEL ARRANGEMENTS FOR THE BOARD ARE SET UP THROUGH THE CEO'S EXECUTIVE ASSISTANT BY THE INSTRUCTION OF THE CEO
PART I, LINE 4B	THE FOLLOWING 457F CONTRIBUTIONS WERE MADE BY THE CREDIT UNION: HANK HALTER - 362,673; JAY GRATWICK - 100,490; MATTHEW SHEPHERD - 141,744; BOB WALSH - 80,801; BILL BUCHANAN - 62,160; PAM DAVIS - 39,127; BOB MANNING - 68,407; BILL MESPLAY - 60,786; SUZANNE MITCHELL - 52,577; TIM MITCHELL - 43,721; CAROL SUNDBERG - 58,379

Additional Data

Software ID:

Software Version:

EIN: 58-0904765

Name: DELTA COMMUNITY CREDIT UNION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SAMUEL HALTER JR PRESIDENT & CEO	(i)	471,243	357,533	25,415	383,873	4,759	1,242,823	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
1JOSEPH GRATWICK EVP & CFO	(i)	287,354	644,345	25,828	117,102	14,071	1,088,700	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
2MATTHEW SHEPHERD EVP & COO	(i)	289,725	399,928	635	152,920	14,071	857,279	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
3ROBERT WALSH JR EVP & CLO	(i)	239,921	98,932	459	98,407	13,975	451,694	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
4WILLIAM BUCHANAN SVP & CRO	(i)	218,915	86,435	399	83,360	0	389,109	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
5PAMELA DAVIS SVP BRANCH DELIV & OPS	(i)	194,194	64,481	599	50,699	3,372	313,345	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
6ROBERT MANNING SVP & GENERAL COUNSEL	(i)	251,959	102,676	653	89,607	14,071	458,966	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
7WILLIAM MESPLAY JR SVP REMOTE DELIVERY	(i)	221,193	78,809	19,920	76,072	4,759	400,753	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
8SUZANNE MITCHELLSVP HR	(i)	194,332	52,520	324	65,536	4,759	317,471	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
9TIMOTHY MITCHELL SVP & CIO	(i)	161,051	0	68	54,305	6,409	221,833	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
10TERRY ANDERSON FINANCIAL ADVISOR	(i)	297,671	4,177	572	21,200	9,388	333,008	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
11DEBORAH PARRISH FINANCIAL ADVISOR	(i)	221,838	4,177	110	17,462	4,516	248,103	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
12AMIE MIZEVP - FINANCE	(i)	194,300	64,115	157	5,472	14,071	278,115	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
13JANICE TRIPP VP - INVESTMENTS & INSURANCE	(i)	191,822	65,821	853	12,344	8,848	279,688	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
14CLYDE NICHOLS VP - CREDIT ADMINISTRATION	(i)	168,555	48,912	516	13,399	14,071	245,453	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0
15CAROL SUNDBERG SVP PAYMENTS	(i)	118,775	258,349	17,655	65,999	4,682	465,460	0
	(ii)	-	-	-	-	-	-	-
		0	0	0	0	0	0	0

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 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.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization DELTA COMMUNITY CREDIT UNION	Employer identification number 58-0904765
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OF THE CREDIT UNION SHALL BE -ANY PERSONS WHO ARE OR HAVE BEEN EMPLOYEES OF DELTA AIRLINES, INC AND THEIR IMMEDIATE FAMILY MEMBERS OR DOMESTIC PARTNER -ANY PERSONS WHO ARE OR HAVE BEEN EMPLOYEES AND THEIR IMMEDIATE FAMILY MEMBERS OR DOMESTIC PARTNER OF OTHER GROUPS INCLUDED IN THE CREDIT UNION'S BY LAWS AND APPROVED BY THE BOARD OF DIRECTORS -NON-PROFIT ORGANIZATIONS WHOSE EMPLOYEES, MEMBERS OR OWNERS ARE PRIMARILY COMPOSED OF PERSONS OR ORGANIZATIONS INCLUDED IN THE ABOVE MEMBERSHIP CRITERIA, AND ALL EMPLOYEES, MEMBERS AND OWNERS OF SUCH ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 7A	BOARD MEMBERS ARE ELECTED BY MEMBERSHIP EACH MEMBER OF THE CREDIT UNION HAS ONE VOTE
FORM 990, PART VI, SECTION A, LINE 7B	AT ANY MEETING THE MEMBERS (BY ONE MEMBER, ONE VOTE) MAY DECIDE ON ANY MATTER OF INTEREST TO THE CREDIT UNION AND MAY OVERRULE THE BOD PROVIDED THE NOTICE OF THE MEETING SPECIFIES THE QUESTION TO BE CONSIDERED
FORM 990, PART VI, SECTION B, LINE 11	FORM IS PRESENTED TO BOARD (UPON REQUEST) FOR REVIEW AT THE BOARD MEETING PRIOR TO THE FIL ING DATE. ADDITIONALLY, THE EXECUTIVE COMMITTEE OF THE BOD REVIEWS THE FORM IN DETAIL
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY THROUGH A COMBINATION OF THE CON TROLS EMBEDDED IN THE ACCOUNTS PAY ABLE, PURCHASING AND VENDOR MANAGEMENT PROCESSES, ONGOIN G MONITORING OF EMPLOYEE, BOARD AND COMMITTEE MEMBER ACCOUNT ACTIVITY, ETC ALL EMPLOYEES, ALONG WITH BOARD AND COMMITTEE MEMBERS, ARE COVERED ANY INDIVIDUAL WITH A POTENTIAL CONF LICT WOULD BE RECUSED FROM DELIBERATIONS AND DECISIONS REGARDING THE TRANSACTION IN QUESTI ON
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL, OTHER OFFICERS, AND KEY EMPLOYEES WAS DET ERMINED BY THE COMPENSATION COMMITTEE (CONSISTING OF DIRECTORS) USING INDUSTRY COMPETITIVE SURVEYS THIS PROCESS WAS MOST RECENTLY CONDUCTED IN 2015
FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH NCUA GOV WEBSITE
FORM 990, PART XI, LINE 9	SUBSIDIARY INCOME PRIOR TO TREATMENT AS A DISREGARDED ENTITY 398,256

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
DELTA COMMUNITY CREDIT UNION

Employer identification number
58-0904765

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MEMBERS INSURANCE ADVISORS 315 HWY 74 N PEACHTREE CITY, GA 30269 26-1084051	INSURANCE	GA	2,087,373	3,458,422	DELTA COMMUNITY CREDIT UNION

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MEMBER'S INSURANCE (1)ADVISORY 315 HWY 74 N PEACHTREE CITY, GA 30269 26-1084051	INSURANCE	GA	DELTA COMMUNITY CREDIT UNION	C	1,425,475	2,702,227	100 000 %	Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)MEMBER'S INSURANCE ADVISORS	A	48,733	FMV

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
SCH R, PART I AND IV	THE CORPORATION, MEMBER'S INSURANCE ADVISORY, WAS DISSOLVED AS OF MAY 31, 2015 THE ORGANIZAITON WAS THEN FORMED AS A DISREGARDED ENTITY