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Department of the

Treasury

DLN: 93493320171616

OMB No 1545-0047

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 <u>www IRS gov/foim990</u>

Intern	nal Revenue Ser	vice					2115pection
A F	or the 2015 o	calendar year, or tax year begin	nning 01-01-2015 $$, and ending 12-31-2	2015			
_	eck if applicable	C Name of organization APCO EMPLOYEES CREDIT UNIO	N		D Emp	loyer id	entification number
_	ddress change				63-0	032836	50
_	lame change nitial return	Doing business as					
	inal	Number and street (or P.O. boy	ıf mail ıs not delivered to street address) Room	/suita	E Telep	hone nu	mber
_	n/terminated mended return	750 17TH STREET NORTH	in mains not delivered to screet address) Noon	/ Suite	(205	5)257-	3601
<u> </u>	oplication pendin		country, and ZIP or foreign postal code				
		BIRMINGHAM, AL 35203			G Gross	s receipts	\$ \$ 63,522,880
		F Name and address of prir BLANE MINK	ncıpal officer	H(a) I	s this a grou	ıp retur	
		750 17TH STREET NORTH	1	S	ubordinates No	?	☐ Yes 🗸
		BIRMINGHAM,AL 35203			re all subor	dınates	Yes No
I 14	ax-exempt statu	501(c)(3) √ 501(c) (14	4) ◀ (insert no) 4947(a)(1) or 527	·	ncluded? f "No." attac	ch a list	(see instructions)
J W	/ebsite: ► W	WW APCOCU ORG			· ·		umber ▶ 1422
K For	m of organization	on Corporation Trust Ass	sociation 🗸 Other 🕨	I	of formation		M State of legal domicile Al
_		mmary					
	1 Briefly d	escribe the organization's miss	sion or most significant activities				
	COOPE	RATIVE CREDIT UNION					
Governance							
шa							
оле	2 Check	this box ▶ ☐ if the organization	n discontinued its operations or dispose	ed of more th	nan 25% of i	its net a	issets
	3 Number	r of voting members of the govε	erning body (Part VI, line 1a)			3	9
Activities &	4 Numbe	r of independent voting membei	rs of the governing body (Part VI, line 1	b)		4	9
M	5 Total n	umber of individuals employed	ın calendar year 2015 (Part V, line 2a)			5	135
Act	6 Total n	umber of volunteers (estimate i		6	12		
		nrelated business revenue from			7a	260,248	
	b Net unre	lated business taxable income	from Form 990-T, line 34			7b	99,457
	8 Cont	tributions and grants (Part VIII	I, line 1h)		Prior Year	0	Current Year
Ġ		ram service revenue (Part VIII			62,260		63,522,880
Ravenue	_	·	umn (A), lines 3, 4, and 7d)		<u> </u>	0	(
æ	11 Othe	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		64	4,075	(
	12 Tota 12)	l revenue—add lines 8 through	11 (must equal Part VIII, column (A),	line	62,324	1,490	63,522,880
	· ·	 nts and similar amounts paid (P	art IX, column (A), lines 1-3)	_		0	
		, ,	irt IX, column (A), line 4)			0	(
(0			loyee benefits (Part IX, column (A), line	s	8.632	2,964	9,498,599
Expenses	5-1	•	IV column (A) line 11e)			0	
e d		fundraising expenses (Part IX. column	IX, column (A), line 11e)	•		-	
Δ		J ' ' '	A), lines 11a-11d, 11f-24e)	-	33,756	5.196	32,941,670
			must equal Part IX, column (A), line 25		42,389		42,440,269
	19 Reve	enue less expenses Subtract li	ine 18 from line 12		19,935	5,330	21,082,611
Net Assets or Fund Balances				Beginn	ing of Curren	t Year	End of Year
sets	20 Tota	lassets (Part X. line 16)		_	2,496,951	1.040	2,599,286,234
A As					2,244,186		2,327,194,636
ξŝ	22 Net	assets or fund balances Subtra	act line 21 from line 20		252,764	1,400	272,091,598
		nature Block					
	•		examined this return, including accomp complete Declaration of preparer (othe	, -			
	arer has any				•		
	**	* * * *			2016-11-15		
Sigi	n Sig	nature of officer			Date		
Her	e <u>BL</u>	ANE MINK CFO					
	Ту	pe or print name and title	Preparer's signature	Date	I	PTIN	
Pai	4	Print/Type preparer's name W GLENN BRIDGES	Preparer's signature W GLENN BRIDGES	2016-11-15	Check If	P005	19867
	o eparer	Firm's name PEARCE BEVILL LEE	ESBURG MOORE PC		Firm's EIN		240
	e Only	Firm's address ► 110 OFFICE PARK [DR		Phone no (2	05) 323-	5440
\	- -	i .			1		

BIRMINGHAM, AL 35223

orm	990 (2015)			Page 3
Par	t 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		N o
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, Pait 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			
	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
	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 2	11 d		No
е	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 $11e^{9}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pait I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Pait II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No

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? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		No

	If "Yes," complete Schedule L, Part I			
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28 c	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	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)? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
		check if Schedule o contains a response of flote to any line in this	rait	<u>v</u>	· ·	Yes	No No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	54,178		165	NO
		the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
		''					
С		e organization comply with backup withholding rules for reportable payments to g (gambling) winnings to prize winners?		dors and reportable	1c	Yes	
22	_	the number of employees reported on Form W-3, Transmittal of Wage and	•			103	
20		tatements, filed for the calendar year ending with or within the year covered					
	by this	s return	2a	135			
b		east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file		, ,			
		e organization have unrelated business gross income of \$1,000 or more during		´	3a	Yes	
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatio</i>		ŀ	3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		nt)?	.ount,	, or other illiancial	4a		No
b	If "Vo	s," enter the name of the foreign country					
		istructions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
	(FBAR	R)					
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		Νo
	_	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th		ŀ			
D		of tax deductible?	at Su		6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а	Did th	e organization receive a payment in excess of \$75 made partly as a contribution	on an	d partly for goods and	7a		
	servic	es provided to the payor?					
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	ed?	7b		
С		e organization sell, exchange, or otherwise dispose of tangible personal proper	ty for	which it was required to	7c		
		rrm 8282?	7d		70		
u	II TE	s," indicate the number of Forms 8282 filed during the year	/u				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?			
				_	7e		
		e organization, during the year, pay premiums, directly or indirectly, on a perso		ŀ	7f		
g	If the require	organization received a contribution of qualified intellectual property, did the oiled?	rganız	zation file Form 8899 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	· · ·	the organization file a	- 3		
-		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds.					
		donor advised fund maintained by the sponsoring organization have excess bus i the year?	siness	s holdings at any time	_		
_		, , , , , , , , , , , , , , , , , , ,			8		
		e sponsoring organization make any taxable distributions under section 49667			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela	пеа р	eisonr	9b		
10		on 501(c)(7) organizations. Enter	40-				
		tion fees and capital contributions included on Part VIII, line 12	10a				
D	faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them).......... _	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
		s," enter the amount of tax-exempt interest received or accrued during the					
	year	,	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
_	To the	organization licensed to issue suplified health along in more than any other 200	at - ^	'oo tho instructions for			
d		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states					
		ch the organization is licensed to issue qualified health plans	13b				
С	Enter	the amount of reserves on hand	13 c				
14a	Dıd th	e organization receive any payments for indoor tanning services during the tax	year	7	14a		Νo
b	If"Ye	s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	tion ir	Schedule O	14b		

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Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection A. Governing Body and Management			l
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	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 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			

b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12 a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15 b		No
	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?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)
	(3)s only) available for public inspection Indicate how you made these available Check all that apply
	Country bests CAnotheria website Callee request Cother (explain in Cahadula O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ►BLANE MINK 750 17TH STREET NORTH BIRMINGHAM, AL 35203 (205) 226-6800

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	unle:	ore t ss pe	han erso cer tor/t	not one n is and rus	tee)	an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) MELINDA LOPEZ DIRECTOR	1 00	х						0	0	0
(2) JOHN VALEKIS DIRECTOR - CHAIRMAN	1 00	х						0	0	0
(3) WENDELL PATE DIRECTOR - VICE CHAIRMAN	1 00	х						0	0	0
(4) WILLIAM BASS DIRECTOR	1 00	x						0	0	0
(5) BILLY GOBER DIRECTOR	1 00	х						0	0	0
(6) SAL A MARINO DIRECTOR	1 00	х						0	0	0
(7) GREG SHIPP DIRECTOR	1 00	х						0	0	0
(8) ROBERT B ROY DIRECTOR - SECRETARY	1 00	x						0	0	0
(9) MARK WILKINSON DIRECTOR - TREASURER	1 00	x						0	0	0
(10) ANN WILKINSON SUPERVISORY COMMITTEE-CHAI	1 00	х						0	0	0
(11) ALLISON BOONE SUPERVISORY COMMITTEE	1 00	x						0	0	0
(12) CELIA YATES SUPERVISORY COMMITTEE	1 00	х						0	0	0
(13) MERRILL MANN PRESIDENT/CEO	40 00			х				597,543	0	46,749
(14) DERRICK RAGLAND	40 00			X				254,195	0	141,290

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unle	ore t ss pe	han erso cer	not one n is and trus			(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
(15) BLANE MINK	40 00			х				253,953	C	86,639
CFO/VP (16) CHRISTOPHER GERETY HR & COMPLIANCE MANAGER	40 00					х		178,822	0	73,038
(17) ANDY RUSH ACCOUNTING MANAGER	40 00					х		111,965	C	25,620
(18) GREG YOUNG IT MANAGER	40 00					х		122,174	0	40,266
(19) DON MANUEL	40 00					х		138,460	0	55,420
CUSO MANAGER (20) TOM WILLIAMS COLLECTIONS MANAGER	40 00					х		111,332	O	58,766
1b Sub-Total	I, Section A $$.		· ·	> > >			1,7	58,444	0	527,788
Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list	ed al		e) w	ho red			<u> </u>	327,780

			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		No
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? If "Yes," complete Schedule J for such individual		.,	
	maividual	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? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \triangleright 0

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orm 99		· · · · · · · · · · · · · · · · · · ·	£ Danie 2002						Page S
Part V		Statement o	o r Kevenue ule O contains a res	nons	e or note to any lir	ne in this Part VIII			
		eneck if Senedi	are o contains a res	pons	e or note to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated cam	paigns	1a					012 01.
Contributions, 61tts, 6rants and Other Similar Amounts	b	Membership du	es	1 b					
בנים שונים	С	Fundraising eve	ents	1 c					
iπs. ar A	d	Related organiz	zations	1d					
nii.	е	Government grant	s (contributions)	1e					
ons Sir	f	All other contribution	ons, gifts, grants, and	1f					
the		similar amounts no	ot included above ons included in lines						
nti d O	g	1a-1f \$	ons included in lines						
Containe	h	Total. Add lines	s 1a-1f	•	•				
le					Business Code				
Program Service Revenue	2a	LOAN INTEREST IN	-	-	522100	30,177,045	30,177,045		
ր 9≟	b c	INVESTMENT INCO	E FEES AND OTHER	-	522100	26,830,091	26,830,091	260.240	
rMC	d	FINANCIAL SERVIC	LE FELS AND OTHER	-	522100	6,515,744	6,255,496	260,248	
8	e			-					
gran	f	All other progra	am service revenue						
P	g	Total. Add lines	s 2a-2f	. L	•	63,522,880			
	3		ome (including divid			55,522,555			
	4		ar amounts) stment of tax-exempt bo		F				
	5				• • • • • • • • • • • • • • • • • • •				
		•	(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental inco	me or (loss)	-					
			(ı) Securities		(II) Other				
	7a	Gross amount from sales of assets other than inventory							
	b	Less cost or other basis and							
		sales expenses Gain or (loss)							
	c d		<u> </u>						
venue	8a	Gross income f events (not inc \$	rom fundraising		·				
Other Kevenue		See Part IV, lir	ne 18	а					
5			penses (loss) from fundraisii	b	rents .				
			rom gamıng actıvıtıe		citis p				
	b c		penses (loss) from gamıng a	ь					
	10a	Gross sales of returns and allo	owances .	a _	•				
	b c		oods sold t	b _	tory •				
		Miscellaneou	s Revenue	\perp	Business Code				
	11a								
	b			-					
	c d	All other reven	ue	-					
	e		s 11a-11d		•				
	12		See Instructions .	_					
		. Star revenue.	_ 55 2.15 (140 (10115)	•	• • •	63,522,880	63,262,632	260,248	l o

Part IX Statement of Functional Expenses

Section	501(c)(3)	and 501(c)/4	organizations mus	t complete all columns	All other organizations	must complete column (A)
эесион	30110131	anu 30110.114	i uruanizations ilius	t combiete an commis	A II UUIEI UIUAIIIZAUUIIS	THUS COMPLETE COMMINICAL

III (A)	oluli	te c	ipie	COII	ust	<u> </u>	CIOTIS	IIZdi	ryar) organizacions must complete all columns. All other t	11011 201
 										contains a response or note to any line in this Part IX	C

	ot include amounts reported on lines 6b, o, 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				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
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	2,296,232			
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	4,897,458			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,829,885			
10	Payroll taxes	475,024			
11	Fees for services (non-employees)	4/3,024			
а	Management				
	Legal				
b	-				
c d	Accounting				
u e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
ı g	Other (If line 11g amount exceeds 10% of line 25, column (A)				
9	amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	110,643			
14	Information technology				
15	Royalties				
16	Occupancy	742,540			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	305,256			
20	Interest				
21	Payments to affiliates	38,550			
22	Depreciation, depletion, and amortization	315,956			
23	Insurance	119,432			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBER SHARE DIVIDENDS	25,671,020			
b	PROVISION FOR LOAN LOSS	2,375,469			
c	DATAPROCESSING AND FINA	1,094,277			
d	LOAN SERVICING EXPENSE	653,659			
е	All other expenses	1,514,868			
25	Total functional expenses. Add lines 1 through 24e	42,440,269			
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)				

737,207,226

19,482,817

1,274,960,991

57,722,771

3,627,273

2,599,286,234

2,323,567,363

2,327,194,636

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272,091,598

272,091,598

2,599,286,234 Form 990 (2015)

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27 28

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33

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252,764,400

252,764,400

2,496,951,040

680,571,265

18,675,445

1,236,596,463

53,049,932

3,394,080

2,496,951,040

2,240,792,560

2,244,186,640

24,246,361

4,763,544

Part X	Balance Sheet		
	Check if Schedule O contains a response or note to any line in this Part X		
		(A) Beginning of year	(B) End of year
1	Cash-non-interest-bearing	1	. 1
2	Savings and temporary cash investments	508,057,935 2	509,912,428

10a

10b

Form 990 (2015)

II of Schedule L .

Pledges and grants receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part

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

Accounts receivable, net . .

Notes and loans receivable, net .

Prepaid expenses and deferred charges

Investments—publicly traded securities

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets.Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Other liabilities (including federal income tax, payables to related third

Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🕡 and

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

parties, and other liabilities not included on lines 17-24)

Total liabilities.Add lines 17 through 25 . . .

complete lines 27 through 29, and lines 33 and 34.

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Inventories for sale or use .

Complete Part VI of Schedule D

Intangible assets . . .

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets . .

complete lines 30 through 34.

Total net assets or fund balances

Temporarily restricted net assets

Permanently restricted net assets

.

Less accumulated depreciation .

Part II of Schedule L

3

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10a

b

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19

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21

22

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34

iabilities.

Fund Balances

ŏ

Assets

Net

Check if Schedule O contains a response or note to any line in this Part XI		 🗸
Total revenue (must equal Part VIII, column (A), line 12)	1	63,522,880

Donated services and use of facilities .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Investment expenses .

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

Total expenses (must equal Part IX, column (A), line 25)

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

Revenue less expenses Subtract line 2 from line 1

Net unrealized gains (losses) on investments

Other changes in net assets or fund balances (explain in Schedule O) .

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

A), line 12)

Cash ✓ Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

1 2 3

42,440,269 21,082,611 252,764,400 -1,150,198

Page 12

No

Νo

Νo

Nο

Form 990 (2015)

8

9

10

		- 6	05	,215
	27	72,0	91	,598
				▽

Yes

2a

2b

2c

3a

3b

SCHEDULE D

(Form 990)

Treasury

Department of the

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

DLN: 93493320171616

Open to Public Inspection

Intern	nal Revenue Service	·		Zilopedion
Na	me of the organization O EMPLOYEES CREDIT UNION		Emp	loyer identification number
APC	O EMPLOTEES CREDIT UNION		63-0	328360
Pa		Advised Funds or Other Similar	Funds	or Accounts.
	Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 6.		
1	Total number at end of year	(a) Donor advised funds	(b)	Funds and other accounts
	·			
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 a funds are the organization's property, subject to		onor advi	sed Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or for	any othe	r purpose Yes No
	·	ete if the organization answered "Yes"	on Forr	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	• • • • • • • • • • • • • • • • • • • •		
	Preservation of land for public use (e g , recreducation)		an histoi	rically important land area
	Protection of natural habitat	Preservation of	a certifie	d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in	the form	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c d	Number of conservation easements on a certified Number of conservation easements included in (c	, ,	2c	
u	historic structure listed in the National Register	, acquired after 0/17/00, and not on a	2d	
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or termina	ted by th	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		ndling of	□Yes □No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enfor	cing con:	servation easements during the
	<u> </u>			
7	A mount of expenses incurred in monitoring, insperior \$	ecting, handling of violations, and enforcing	conserva	ation easements during the year
8	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)^7$	ne 2(d) above satisfy the requirements of so	ection 17	'0(h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financi sements	al staten	nents that describes
Par	t III Organizations Maintaining Collect Complete if the organization answere	t ions of Art, Historical Treasures ed "Yes" on Form 990. Part IV. line 8.	, or Otl	ner Similar Assets.
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its rev assets held for public exhibition, education	n, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SI			

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

service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ ___

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	storio	cal T	reasures,	or Ot	her Simi	lar As	set	ts	
3		g the organization's acquisition, accection items (check all that apply)	ession, and other rec	ords, cl	heck a	ny of	the following	that ar	e a significa	ant use	ofı	ts	
а		Public exhibition		d	Г	Loar	n or exchange	e progra	ams				
b	Г	Scholarly research		e	Г	Oth	er						
c		Preservation for future generations											
4	Provi Part :	de a description of the organization's XIII	s collections and exp	olaın ho	w they	/ furth	er the organı	zatıon's	exempt pu	rpose i	ın		
5		ng the year, did the organization solic ts to be sold to raise funds rather tha								Yes		∏ No	1
Pa	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, line 9, d	or repo	orted an a	mount	t on	Forn	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other interi	mediary	for co	ontribi	utions or othe	erasse	ts not	┌ Yes		┌ No	,
b	If	"Yes," explain the arrangement in Pa	art XIII and complete	e the fo	llowing	g table	e	ı		Amo	unt		
c	Ве	ginning balance						1c					
d	A d	ditions during the year						1d					
е	Dis	stributions during the year						1e					
f		ding balance						1 f					
2 a	Did tl	he organization include an amount oi	n Form 990, Part X, I	ıne 21,	for es	crow	or custodial a	account	: liability?	┌ Yes		∏ No	•
b	If"Ye	es," explain the arrangement in Part	XIII Check here ıf t	he expl	anatıo	n has	been provide	ed in Pa	art XIII .				
Pa	rt V	Endowment Funds. Comple											
			(a)Current year	(b) Pi	nor yea	r I	b (c) Two years	back (d) Three years	back	(e)F	our ye	ars back
1 a	Begii	nning of year balance											
b	Cont	ributions											
c	Netı losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
e		er expenditures for facilities programs											
f	A dm	inistrative expenses											
g		of year balance											
2	Provi	de the estimated percentage of the o	current year end bala	ance (lir	ne 1g,	colum	nn (a)) held a	s					
а	Board	d designated or quasi-endowment 🕨											
b	Perm	anent endowment ▶											
c		oorarily restricted endowment ► percentages on lines 2a, 2b, and 2c :	should equal 100%										
За	A re t	here endowment funds not in the pos nization by		nization	that a	re hel	d and admını	stered	for the			Yes	No
	(i) ur	related organizations								3a(\longrightarrow	
		elated organizations		٠, ٠						3a(_		
ь 4		es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o	•				· · ·			. 31	b		
	rt VI	Land, Buildings, and Equip	-	endown	ient iu	illus							
Гα	I C VI	Complete if the organization a	inswered 'Yes' to F	Form 9	90, P	art I\	/, line 11a.	See Fo	rm 990, F	Part X,	, lın	e 10.	
		Description of property				a) ther ba:	(b) ner basıs	Accum (c)depred	ulated			k value
1 a	Land				, 550			,815,705					2,815,705
	Buildir												•
							16	,576,877	1	417,400	-	15	5,159,477
		hold improvements		•				59,885			<u> </u>		59,885
		nent		•			4	,793,894	3,	346,144	-	1	1,447,750
е	Other												

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

19,482,817

See Form 990, Part X, line 12. (a) Description of security or category				
(including name of security)		(b) Book value		(c)Method of valuation or end-of-year market valu
(1)Financial derivatives				•
(2)Closely-held equity interests				
3) 0 ther				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related.				
Complete if the organization answered '	'Yes' on Form 99	0, Part IV, line 11c. _{See}	Form	990. Part X. line 13.
(a) Description of investment		(b) Book value		c) Method of valuation
			Cost	or end-of-year market valu
(1)DEPOSITS IN CORPORATE CREDIT UNIONS		277,823,858		<u>C</u>
(2)TRUST FOR CREDIT UNIONS MUTUAL FUNDS (3)CUSO INVESTMENTS		55,645,757 911,529		F
(4)FEDERAL AGENCY SECURITIES		363,529,346		F
(5)HTM INVESTMENT SECURITIES		577,050,501		C
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	1,274,960,991		
Part IX Other Assets. Complete if the organization	answered 'Yes' or	Form 990, Part IV, line 1	1d See F	orm 990, Part X, line 15
(a) Descrip	ption			(b) Book value
Total (Column (h) must equal Form 990 Part X, col (R) line 15	5.)			
			▶	line 11e or 11f.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 Part X Other Liabilities. Complete if the organ				line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.				line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability	nization answere			line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability	nization answere			line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	nization answere	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Gederal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	e		line 11e or 11f.
See Form 990, Part X, line 25.	(b) Book valu	e		line 11e or 11f.
See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	(b) Book valu	7,363		line 11e or 11f.

econciliation of Remplete if the organ venue, gains, and othe s included on line 1 but ealized gains (losses) diservices and use of forces of prior year grant Describe in Part XIII) as 2a through 2d t line 2e from line 1 . s included on Form 99 ment expenses not includes	nization answer support per au it not on Form 9 on investments acilities	ered 'Yes' c	on Form cial state II, line 1	990, F ments	Part IV	<u>, line 1</u>	2a.	ue per F	Return
s included on line 1 by ealized gains (losses) I services and use of fries of prior year grant Describe in Part XIII) is 2a through 2d It line 2e from line 1 . Is included on Form 99 ment expenses not included	ut not on Form 9 on investments acilities s	90, Part VII	II, line 1 • • • •		2a 2b			1	
ealized gains (losses) if services and use of frees of prior year grant Describe in Part XIII) is 2a through 2d it line 2e from line 1 . is included on Form 99 inent expenses not incl	on investments acilities s			2 .	2b			-	
d services and use of fries of prior year grant Describe in Part XIII) is 2a through 2d It line 2e from line 1 . s included on Form 99 ment expenses not included	s				2b			_	
ries of prior year grant Describe in Part XIII) is 2a through 2d t line 2e from line 1 . s included on Form 99 nent expenses not incl	s 								
Describe in Part XIII) is 2a through 2d t line 2e from line 1 . s included on Form 99 nent expenses not incl			· ·						
es 2a through 2d t line 2e from line 1 . s included on Form 99 hent expenses not incl					2c				
t line 2e from line 1 . s included on Form 99 nent expenses not incl					2d				
s included on Form 99 nent expenses not incl								2e	
nent expenses not inc	0, Part VIII, lir						•	3	
•		e 12, but no	ot on line	1					
Describe in Part XIII	uded on Form 9	90, Part VII	II, line 7	b .	4a				
					4b				
s 4a and 4b								4c	
venue Add lines 3 and	d 4c. (This must	equal Form 9	990, Par	t I, line	12) .			5	
econciliation of E omplete if the orgai								ises per	r Return.
penses and losses pe								1	
s included on line 1 bu	ıt not on Form 9	90, Part IX,	, line 25						
services and use of f	acılıtıes				2a				
aradjustments					2b				
sses					2c				
Describe in Part XIII)					2d				
s 2a through 2d					٠			2e	
t line 2e from line 1 .								3	
s included on Form 99	0, Part IX, line	25, but not a	on line 1 :						
nent expenses not incl	uded on Form 9	90, Part VII	II, line 7	b	4a				
Describe in Part XIII)					4b				
s 4a and 4b								4c	
penses Add lines 3 a	nd 4c. (This mus	t equal Forr	m 990, P	art I, lır	ne 18)			. 5	
Supplemental Inf	ormation								
		. 5 . and 9 . P	Part III. I	ines 1a	and 4	Part IV	lines 1 h ar	 nd 2 b	
									ide an y a dditional
n Reference			Explan	ation					
	THE FIN 49 F	OTNOTE:	•		HECP	EDIT III	NION'S III	NE 30 AI	LIDITED FINANCIAL
					HL CK		ATON 2 10	INL JU, AL	
t s s F	escribe in Part XIII) s 2a through 2d Inne 2e from line 1 . Included on Form 99 ent expenses not included in Part XIII) s 4a and 4b penses Add lines 3 a Supplemental Informations required for	escribe in Part XIII)	escribe in Part XIII)	escribe in Part XIII)	escribe in Part XIII)	ar adjustments	ar adjustments	ar adjustments	escribe in Part XIII)

Return Reference	Explanation
PART X, LINE 2	THE FIN 48 FOOTNOTE INCLUDED IN THE CREDIT UNION'S JUNE 30, AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS THE CREDIT UNION IS EXEMPT, BY STATUTES, FROM MOST FEDERAL AND STATE INCOME TAXES THE CREDIT UNION FILES A FEDERAL FORM 990 AND HAS A DECEMBER 31, TAX YEAR END THE STATE OF ALABAMA IMPOSES A 6 5% EXCISE TAX ON THE TAXABLE INCOME OF STATE CHARTERED CREDIT UNIONS AS OF DECEMBER 31, EACH TAX YEAR THE CREDIT UNION HAS ASSESSED ITS ACTIVITIES AND ANY POTENTIAL FEDERAL INCOME TAX LIABILITY BASED ON THE GUIDANCE FROM THE PROVISIONS OF FASB ASC 740, INCOME TAXES, ASSOCIATED WITH UNCERTAINTY IN INCOME TAX POSITIONS MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE INCOME TAX POSITIONS TAKEN AND TO BE TAKEN ON ITS TAX RETURNS BASED ON AN ASSESSMENT OF MANY FACTORS INCLUDING EXPERIENCE AND INTERPRETATIONS OF TAX LAWS APPLIED TO THE FACTS OF EACH MATTER THE CREDIT UNION HAS CONCLUDED THAT THERE ARE NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE, AND THERE ARE NO MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES AND INTEREST FOR ANY YEARS FOR WHICH NO TAX RETURN WAS FILED IN THE OPINION OF MANAGEMENT, ANY LIABILITY ARISING FROM
	RETURN WAS FILED IN THE OPINION OF MANAGEMENT, ANY LIABILITY ARISING FROM FEDERAL TAXATION OF ACTIVITIES DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSES AND ANY POTENTIAL TAX LIABILITY AND ANY POTENTIAL ADDITIONAL LIABILITY RESULTING FROM THE TAXING AUTHORITIES IMPOSING TAXES, PENALTIES, AND INTEREST ON THE TAXES DUE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS WITH FEW EXCEPTIONS, CURRENTLY THE 2014, 2013, AND 2012 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

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.qov/form990.

OMB No 1545-0047

DLN: 93493320171616

2015

Open to Public Inspection

Department of the

Treasury

Schedule J (Form 990)

tern	il Revenue Service					
Naı	ne of the organization		Employer identificatio	n nun	nber	
APC	DEMPLOYEES CREDIT UNION		62 0229260			
Da	t I Questions Regarding Compensation		63-0328360			
- 4	Questions Regulating compensation				Yes	No
-	Check the appropriate box(es) if the organization provid	led any of the following to or for a percen	listed on Form		163	NO
.a	990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Housing allowance or residence fo	r personal use			
	✓ Travel for companions	Payments for business use of pers	i i	i	i	İ
	Tax idemnification and gross-up payments	Health or social club dues or initia	i	i	i	İ
	Discretionary spending account	Personal services (e.g., maid, cha	i	İ		İ
	,,	,	į	İ		İ
b	If any of the boxes in line 1a are checked, did the organ	nızatıon follow a wrıtten policy regardıng ı	payment or			
	reimbursement or provision of all of the expenses desc	ribed above? If "No," complete Part III t	o explain	1b		Νo
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?					
	directors, trustees, officers, including the CEO/Executi	ive Director, regarding the items checked	I III IIIIe Ia	2	Yes	
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all that					
	used by a related organization to establish compensation		l l			
	✓ Compensation committee	Written employment contract				
	Independent compensation consultant	✓ Compensation survey or study	j	i		
	Form 990 of other organizations	Approval by the board or compens	ation committee	İ	İ	İ
	,	14	i	i		İ
ŀ	During the year, did any person listed on Form 990, Pa or a related organization	rt VII, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control pay	yment?		4a		No
b	Participate in, or receive payment from, a supplementa	l nonqualified retirement plan?	Ī	4b	Yes	
c	Participate in, or receive payment from, an equity-base	ed compensation arrangement?	Ī	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	de the applicable amounts for each item	ın Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	·				
5	For persons listed on Form 990, Part VII, Section A, list compensation contingent on the revenues of	ne 1a, did the organization pay or accrue	any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," on line 5a or 5b, describe in Part III					
,	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of	ne 1a, did the organization pay or accrue	any			
а	The organization?			6 a		
b	Any related organization?		ļ	6b		
	If "Yes," on line 6a or 6b, describe in Part III		ļ			
,	For persons listed on Form 990, Part VII, Section A, lii payments not described in lines 5 and 67 If "Yes," described in lines 5 and 67 If "Yes," described in lines 5 and 67 If "Yes," described in lines 5 and 67 If "Yes,"		on-fixed	7		
3	Were any amounts reported on Form 990, Part VII, pair		was	-		
	subject to the initial contract exception described in Rein Part III	•	l l	8		
)	If "Yes" on line 8, did the organization also follow the resection 53 $4958-6(c)$?	ebuttable presumption procedure describ	ed in Regulations	9		

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

For each individual whose compensation must be reported 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. Section A line 1a, applicable column (D) and (E) amounts for that individuals

(A) Name and Title	ļ	(B) Breakdown of	fW-2 and/or 1099-MIS	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		Base (ı) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 MERRILL MANN PRESIDENT/CEO	(i)	596,823	0	720	23,692	23,057	644,292	0
	(ii)	0	0	0	0	0	0	0
2 DERRICK RAGLAND COO & FACILITIES MANAGER	(i)	253,475	0	720	130,159	11,131	395,485	0
	(ii)	0	0	0	0	0	0	0
3 BLANE MINKCFO/VP	(i)	253,233	0	720	74,538	12,101	340,592	0
	(ii)	0	0	0	0	0	0	0
4 CHRISTOPHER GERETY HR & COMPLIANCE MANAGER	(i)	178,102	0	720	63,274	9,764	251,860	0
	(ii)	0	0	0	0	0	0	0
5 GREG YOUNGIT MANAGER	(i)	121,454	0	720	32,526	7,740	162,440	0
	(ii)	0	0	0	0	0	0	0
6 DON MANUEL CUSO MANAGER	(i)	137,740	0	720	40,199	15,221	193,880	0
	(ii)	0	0	0	0	0	0	0
7 TOM WILLIAMS COLLECTIONS MANAGER	(i)	111,332	0	0	47,393	11,373	170,098	0
	(ii)	0	0	0	0	0	0	0

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 BOARD OF DIRECTORS APPROVES TRAVEL EACH YEAR FOR ANY BOARD MEMBER, OFFICER OR EMPLOYEE OF THE CREDIT UNION AND IF A SPOUSE WILL BE PERMITTED TO TRAVEL ALL EXPENSES ARE REVIEWED BY THE TREASURER AND BOARD CHAIR				
PART I, LINE 3	MANAGEMENT'S COMPENSATION IS DETERMINED ANNUALLY BY THE CREDIT UNION'S BOARD OF DIRECTORS AND IS BASED ON PERFORMANCE AND INDEPENDENT COMPARABLE INDUSTRY COMPENSATION DATA				

Page 3

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

PART I, LINE 3

MANAGEMENT'S COMPENSATION IS DETERMINED ANNUALLY BY THE CREDIT UNION'S BOARD OF DIRECTORS AND IS BASED ON PERFORMANCE AND INDEPENDENT COMPARABLE INDUSTRY COMPENSATION DATA

PART I, LINE 4B

THE CREDIT UNION SPONSORS THE APCO EMPLOYEES CREDIT UNION EXECUTIVE PLAN THE PLAN IS AN AGREEMENT BETWEEN THE

MAINTAINED PRIMARILY TO PROVIDE SUPPLEMENTAL RETIREMENT BENEFITS FOR THE MEMBERS OF MANAGEMENT

ICREDIT UNION AND SELECTED MEMBERS OF MANAGEMENT AND IS CONSIDERED A NON-QUALIFIED AND UN-FUNDED ARRANGEMENT

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

(Form 990 or 990-EZ)

Transactions with Interested Persons

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

DLN: 93493320171616 OMB No 1545-0047

2015

Department of the Freasury Internal Revenue Servic	▶Information a	dedule L (Form 990 or 990-EZ) and its instructions is at www.irs.qov/form990. Open to Public Inspection											
Name of the organ	nization						En	nploye	r identi	ficatio	n numbe	r	
								3-032					
		Transaction anization answe									40b		
	of disqualifie				tween disquali			(c) Description of			(d) Corrected?		
				(organization			trans	saction		Yes	No	
2 Enter the am 4958		ncurred by orga · · · · ·							section ▶ \$				
3 Enter the am									> \$				
Part II Loar	is to and	or From In	terested	Persons									
Comp	lete if the o	rganization ans	wered "Yes	on Form 99	90-EZ, Part V,	line 38a, or Fo	rm 99	0, Par	t IV, lin	ne 26, d	or if the		
organ	iization repo	rted an amount	on Form 9	90, Part X, lı	ne 5, 6, or 22								
(a) Name of Interested person	b) Relations with organization	Purpose of	(d) Loan or from tl organization	from the principal		(f) Balance due		(g) In (h) default? A pproved by board o committee		oved ird or	r j		
			То	From			Yes	No	 		Yes	No	
												+	
Total Part IIII Gran	ts or Assi	► \$ istance Bene	ofiting Tr	storoctod	Porcone								
Comp	olete if the	organization	answered	l "Yes" on F	orm 990, Pa	rt IV, line 27							
(a) Name of Inte	erested	(b) Relationshi interested pers organiza	p between on and the	(c) A mour	nt of assistance			stance	e (e)	Purpos	se of ass	istance	
					<u> </u>								

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
1) BLANE MINK	VICE- PRESIDENT/CFO		THE CREDIT UNION'S VICE- PRESIDENT/CFO IS ON THE BOARD OF DIRECTORS OF CORPORATE AMERICA CREDIT UNION IN WHICH THE CREDIT UNION ROUTINELY MAKES DEPOSITS AND RECEIVES DEPOSITS MANAGEMENT BELIEVES ALL TRANSACTIONS WERE MADE IN THE ORDINARY COURSE OF BUSINESS ON THE SAME TERMS AS COMPARABLE TRANSACTIONS WITH OTHER CORPORATE AMERICA	Yes	No No
			MEMBERS		
Part V Supplemental Informa	No se				

Explanation

Supplemental Information

Return Reference

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

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493320171616 OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990 or Complete to provide information for responses to specific questions on 990-EZ) Form 990 or 990-EZ or to provide any additional information. Open to Public ▶ Attach to Form 990 or 990-EZ. Department of the Inspection ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at Treasury www.irs.gov/form990. Internal Revenue Service Employer identification number Name of the organization APCO EMPLOYEES CREDIT UNION 63-0328360 990 Schedule O, Supplemental Information Return Reference Explanation FORM 990. PART VI. SECTION A MEMBER OF THE BOARD OF DIRECTORS AND THE CURRENT CHAIRPERSON OF THE SUPERVISORY A, LINE 2 COMMITTEE ARE HUSBAND AND WIFE FORM 990. PART VI. SECTION ALABAMA BANKING CODE. SECTION 5-17-5 STATES THAT. "CREDIT UNION MEMBERSHIP SHALL CONSIST A. LINE 6 0 F THE INCORPORATORS AND SUCH OTHER PERSONS AS MAY BE ELECTED TO MEMBERSHIP AND WHO SUBSCRI BE TO AT LEAST ONE SHARE AND PAY THE INITIAL INSTALLMENT THEREON AND THE ENTRANCE FEE. ORG ANIZATIONS. INCORPORATED OR OTHERWISE. COMPOSED FOR THE MOST PART OF THE SAME GENERAL **GROU** PAS THE CREDIT UNION MEMBERSHIP MAY BE MEMBERS CREDIT UNION ORGANIZATION SHALL BE LIMITE. D TO GROUPS, OF BOTH LARGE AND SMALL MEMBERSHIP, HAVING A COMMON BOND OF OCCUPATION **OR ASS**

PR

POWER

SERVICES TO APPROXIMATELY 71.000 MEMBERS

SFL F

OCIATION OR TO GROUPS WITHIN A WELL- DEFINED NEIGHBORHOOD, COMMUNITY OR RURAL DISTRICT "

PCO EMPLOYEES CREDIT UNION, AN ALABAMA STATE CHARTERED CREDIT UNION, WAS ESTABLISHED TO

OVIDE THESE SERVICES TO ITS MEMBERS WHO ARE EMPLOYEES AND THEIR RELATIVES OF ALABAMA

COMPANY THE CREDIT UNION'S MEMBERSHIP ALSO INCLUDES AFFILIATES OF ALABAMA POWER AND

CTED EMPLOYEE GROUPS WITHIN THE REGION AS OF DECEMBER 31, 2015. THE CREDIT UNION PROVIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS ARE ELECTED BY THE CREDIT UNION'S MEMBERSHIP AT THE ANNUAL MEETING THE CREDIT UNION'S BYLAWS GOVERN THE ELECTION PROCEDURES THE TERMS OF THE BOARD OF DIRECTORS, AS SET BY THE BYLAWS, ARE 3 YEARS AND ARE STAGGERED SO THAT AN EQUAL NUMBER EXPIRE AT EACH ANNUAL MEETING PRIOR TO THE ANNUAL MEETING, THE BOARD CHAIRMAN APPOINTS A NOMINATING COMMITTEE TO NOMINATE A CANDIDATE FOR EACH VACANCY NOMINATIONS CAN ALSO BE TAKEN THROUGH ABSENTEE BALLOTS OR CALLED FOR FROM THE FLOOR AT THE ANNUAL MEETING ELECTION BY THE MEMBERSHIP IS PERFORMED THROUGH WRITTEN BALLOTS, UNLESS THERE IS ONLY ONE NOMINEE. ALL ELECTIONS ARE DETERMINED BY A PLURALITY VOTE.
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING TYPES OF DECISIONS ARE SUBJECT TO APPROVAL BY THE CREDIT UNION'S MEMBERS DI SSOLUTION AND MERGER DECISIONS, ELECTION AND TERMINATION OF BOARD MEMBERS, ELECTION AND TE RMINATION OF SUPERVISORY COMMITTEE MEMBERS, AND CONVERSION FROM STATE TO FEDERAL CHARTER

Return Reference Explanation

FORM 990, PART VI. SECTION B. LINE MANAGEMENT PERFORMS A REVIEW OF THE 990 AND 990-T PRIOR TO FILING

990 Schedule O, Supplemental Information

11	THE STATE OF THE S
FORM 990, PART VI, SECTION B, LINE 15A	MANAGEMENT'S COMPENSATION IS DETERMINED ANNUALLY BY THE CREDIT UNION'S BOARD OF DIRECTORS
	AND IS BASED ON PERFORMANCE AND INDEPENDENT COMPARABLE INDUSTRY COMPENSATION DATA

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI,	THE CREDIT UNION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE
SECTION C, LINE 19	CREDIT UNION'S FINANCIAL STATEMENTS CAN BE FOUND ON THE WEBSITE OF THE NOVA AT WWW NOVA GOV

FORM 990, PART XI, LINE CHANGE IN OTHER COMPREHENSIVE INCOME -605,215

990 Schedule O, Supplemental Information

E INDEPENDENT A CCOUNTAINT

Return

Reference

2C

	ON AN ANNUAL BASIS, THE ALABAMA CREDIT UNION ADMINISTRATION AND/OR THE NATIONAL CREDIT UNION ADMINISTRATION PERFORM A REGULATORY EXAMINATION OF THE FINANCIAL STATEMENTS AND SAFETY AND SOUNDNESS OF THE CREDIT UNION ADDITIONALLY, THE CREDIT UNION'S FINANCIAL STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT AS OF JUNE 30 EACH YEAR
FORM 990, PART XII, LINE	THE CREDIT UNION HAS A SUPERVISORY COMMITTEE THAT IS RESPONSIBLE FOR ENSURING THAT THE BOA RD OF DIRECTORS AND MANAGEMENT OF THE CREDIT UNION - (1) MEET REQUIRED FINANCIAL REPORTING

OBJECTIVES AND (2) ESTABLISH PRACTICES AND PROCEDURES SUFFICIENT TO SAFEGUARD MEMBERS' ASS ETS THIS INCLUDES OVERSEEING THE ANNUAL FINANCIAL STATEMENT AUDIT AND THE SELECTION OF TH

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Polated Or

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493320171616 OMB No 1545-0047

Related Organizations and Unrelated Partnerships

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

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

63-0328360

Department of the Treasury
Internal Revenue Service
Name of the organization

APCO EMPLOYEES CREDIT UNION

(Form 990)

► Attach to Form 990.

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

Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (c) (d) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) COMMON BOND MORTGAGE LLC ORIGINATION, PURCHASE, ΑL 71,592 191,679 APCO CUSO INC 1040 SNOWHILL CIRCLE SALE, BROKERING AND BIRMINGHAM, AL 35242 SERVICING OF MORTGAGES 30-0734298 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. (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No

Cat No 50135Y

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	Predominant income(related, unrelated, excluded from tax under sections 512-514)	income(related, unrelated, excluded from tax under sections 512-	Predominant !: income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	Share of end-of-year			Disproprtionate allocations?		of Disproprtionate ear allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or iging	(k) Percentage ownership
				31+)			Yes	No		Yes	No									
(1) COMMON BOND TITLE LLC 300 OFFICE PARK DR STE 230 BIRMINGHAM, AL 35223 45-4292185	TITLE INSURANCE	AL	APCO CUSO INC		1,437,106	132,298		No		Yes		80 000 %								
											_									

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	hip (b)(13 controlle entity	
								Yes	No
(1)APCO CUSO INC 1040 SNOWSHILL CIRCLES BIRMINGHAM, AL 35242 45-4403821	FINANCIAL SERVICES	AL	APCO CREDIT UNION	С	2,013,301	1,386,750	100 000 %	Yes	

Part V	Transactions With Related Or	ganizations Com	plete if the ord	anization answered	"Yes" on Form 990	. Part IV. line 34	. 35b. or 36.
	mandactions with iterated or	gazac.o	PICCC II CIIC 01 0	garrización answerea	100 011101111 330	,	, 555, 5, 50,

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	No
1 D	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Par	ts II-IV?	T		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a	Yes	
b	b Gift, grant, or capital contribution to related organization(s)		1b		No
С	c Gift, grant, or capital contribution from related organization(s)		1 c		No
d	d Loans or loan guarantees to or for related organization(s)		1d	Yes	
е	e Loans or loan guarantees by related organization(s)		1e		No
f	${f f}$ Dividends from related organization(s)	[1	1f		No
g	g Sale of assets to related organization(s)		1 g		No
h	h Purchase of assets from related organization(s)		1h	Yes	
i	i Exchange of assets with related organization(s)		1i		No
j	${f j}$ Lease of facilities, equipment, or other assets to related organization(s)		1j		No
k	${f k}$ Lease of facilities, equipment, or other assets from related organization(s)		1k		No
1	I Performance of services or membership or fundraising solicitations for related organization(s)	[3	11		No
•		l.	1m	1	No
	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)		1n		No
0	o Sharing of paid employees with related organization(s)	<u> </u>	10		No
		F	_	,	
•	p Reimbursement paid to related organization(s) for expenses	⊢	-	Yes	
q	q Reimbursement paid by related organization(s) for expenses	· · · · · · · · · · · · · · · · · · ·	1q		No
		Ļ	\dashv		
	r Other transfer of cash or property to related organization(s)	· · · · · · · ·	1r		No
S	s Other transfer of cash or property from related organization(s)		1s		No
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered rela	tionships and transaction thresholds	—		
_	(a) (b) (c)	(d)			
	Name of related organization Transaction Amount involved	Method of determining amount invo	lved		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)APCO CUSO INC	D	323,923	CASH
(2)APCO CUSO INC	D	824,880	CASH
(3)APCO CUSO INC	А	36,000	CASH
(4)COMMON BOND MORTGAGE LLC	D	11,484,643	CASH
(5)COMMON BOND MORTGAGE LLC	Н	11,160,720	CASH
(6)COMMON BOND MORTGAGE LLC	P	368,958	CASH

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																											
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?																(f) Share of total income (g) Share of end-of-year assets		(h) Disproprtionate r allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing nartner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No															
												l I															
						_																					



Additional Data

COMMON BOND MORTGAGE LLC

COMMON BOND MORTGAGE LLC

(4)

(5)

Software ID: Software Version:

EIN: 63-0328360

Name: APCO EMPLOYEES CREDIT UNION

Form 990, Schedule R, Part V - Transactions With Related Organizations									
	(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount Involved	(d) Method of determining amount involved					
(1)	APCO CUSO INC	D	323,923	CASH					
(1)	APCO CUSO INC	D	824,880	CASH					
(2)	APCO CUSO INC	А	36,000	CASH					
(3)	COMMON BOND MORTGAGE LLC	D	11,484,643	CASH					

11,160,720

368,958

Н

Ρ

CASH

CASH