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Return of Organization Exempt From Income Tax Form **990**

For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493132029917 OMB No 1545-0047

2016

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

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

Interna	ıl Reve	of the Treasu enue Service	T Information about	Form 990 and its instructions is at <u>wi</u>				Open to Public Inspection	
A F	or th	e 2016 ca	alendar year, or tax year begini	ning 01-01-2016 , and ending 12-	31-2016				
□ Ad		pplicable change	C Name of organization ALIGN CREDIT UNION			D Employ e 04-1680		ication number	
	tial re	-	Doing business as						
□detu	rn/terr	minated	Number and street (or P O box if ma	ıl ıs not delivered to street address) Room/	suite	E Telephon	e number		
_		d return on pending	40 MARKET STREET City or town, state or province, county	en, and ZID or foreign postal sade		(978) 4	52-9961		
			LOWELL, MA 01851	ry, and ZIP or foreign postar code		G Gross red	ceipts \$ 2	2,012,738	
			F Name and address of principal KENNETH M DEL ROSSI	officer	H(a) I	s this a group ret	urn for		
			40 MARKET STREET			ubordinates? Are all subordinat	es	☐Yes ☑No	
 I Ta	x-exer	mpt status	LOWELL, MA 01851 ☐ 501(c)(3)	(insert no) 4947(a)(1) or 527	⊣ ` ′ տ	ncluded?		Yes No	
J W	ebsit	te:► WW	/W ALIGNCU ORG	(insert no)		f "No," attach a li Group exemption	•	•	
K For	n of o	rganızatıon	Corporation Trust Assoc	uation ☑ Other ► CREDIT UNION	L Year of	formation 1922	M State	of legal domicile	
Pa	rt I	Sum	mary						
Activities & Governance	-	THE CRED	scribe the organization's mission or IT UNION ACCEPT DEPOSITS AND NTING ACCESIBLE CREDIT TO ITS	GRANT LOANS TO ITS MEMBERS BEN	EFIT PAID	ARE DIVIDENDS	ON DEP	OSIT ACCOUNTS	
Gove	2	Check thi	s box ▶ ☐ If the organization disc	continued its operations or disposed of	more than	25% of its net as			
ಸ ್	1			g body (Part VI, line 1a)			3	10	
Æ	1		•	endar year 2016 (Part V, line 2a) .			5	150	
Acti	6	Total nun	nber of volunteers (estimate if nec		6				
•	1			VIII, column (C), line 12			7a	24,678	
	ь	Net unrel	ated business taxable income from	Form 990-T, line 34	· · ·	Prior Year	7b	-93,785 Current Year	
0.	8	Contribut	ons and grants (Part VIII, line 1h)			11101 1001	+	(
Ravenua	9	Program	service revenue (Part VIII, line 2g)			13,069,1	.17	13,934,39:	
Rạv	1		ent income (Part VIII, column (A), l			4,603,0		3,345,383	
	1		venue (Part VIII, column (A), lines			4,106,1 21,778,2		4,732,96 ² 22,012,738	
	_		enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, c	t equal Part VIII, column (A), line 12)		21,770,2		22,012,730	
	1		• • •	lumn (A), line 4)		2,587,1	.59	2,395,530	
SS.	1	•	•	nefits (Part IX, column (A), lines 5–10))	9,192,0	_	9,409,600	
Expenses	16a	Professio	nal fundraising fees (Part IX, colur	nn (A), line 11e)				(
d X	1		raising expenses (Part IX, column (D), lir						
ш	1	•	penses (Part IX, column (A), lines :	•		8,779,0	_	9,439,033	
	1	•	enses Add lines 13-17 (must equal less expenses Subtract line 18 fro	m line 12		20,558,3	_	21,244,163 768,575	
Net Assets or Fund Balances			and expenses capacities and as no		Begin	ning of Current Ye	_	End of Year	
sset Balai	20	Total asse	ets (Part X, line 16)			563,550,4	34	583,705,638	
et A	21	Total liab	ılıtıes (Part X, lıne 26)			494,911,0	79	516,985,013	
			s or fund balances Subtract line 2	1 from line 20		68,639,3	55	66,720,625	
Unde	ledge nowle	alties of person		ned this return, including accompanyir Declaration of preparer (other than of					
Here			TH M DEL ROSSI PRESIDENT AND CEO						
		 P	rint/Type preparer's name NTHONY J MERCADANTE	Preparer's signature ANTHONY J MERCADANTE	Date 2017-05- 1 1		PTIN P0054105	3	
Paid		<u> </u>			2017-03-11	self-employed			
Pre	-	1 -	irm's name ► MERCADANTE & MERCA irm's address ► PO BOX 2125	DANTE PC CPA S		Firm's EIN ► 04-1			
Use	Un	iiy	FITCHBURG, MA 01420						
May t	he IR	S discuss		n above? (see instructions)				res 🗌 No	

Cat No 11282Y

Form **990** (2016)

Form	990 (20	16)				Page 2						
Par	t III	Statement of Program	Service Accomplis	hments								
		Check if Schedule O contains	a response or note to a	any line in this Part III		🗆						
1	Briefly	describe the organization's m	ission	•								
		JNION ACCEPT DEPOSITS AN		S MEMBERS BENEFIT	PAID ARE DIVIDENDS ON DEPOSIT	ACCOUNTS AND						
2	Dıd the	organization undertake any s	significant program serv	vices during the year v	which were not listed on							
	the pric	or Form 990 or 990-EZ? .				☐ Yes ☑ No						
	If "Yes,	" describe these new services	on Schedule O									
3	Did the	organization cease conductir	g, or make significant	changes in how it cond	lucts, any program							
	service	s?				🗌 Yes 🗹 No						
	If "Yes,	If "Yes," describe these changes on Schedule O										
4	Section		anizations are required	to report the amount	e largest program services, as measu of grants and allocations to others, t							
4a	(Code) (Expenses	\$ 2,466,578	including grants of \$) (Revenue \$)						
	DIVIDEN	NDS AND INTEREST PAID ON MEM	BERS DEPOSITS			· 						
4b	(Code) (Expenses	\$ 9,849,761	including grants of \$) (Revenue \$)						
	GRANTII	NG CREDIT TO MEMBERS WITH VA	ARIOUS LOAN PRODUCTS									
4c	(Code) (Expenses	\$ 33,584	including grants of \$) (Revenue \$)						
	MEMBER	SERVICES INCLUDING DEBIT AN	D CREDIT CARDS									
4d		program services (Describe in	Schedule O)									
	(Expen	ses \$	including grants of	\$) (Revenue \$)						
4e	Total p	program service expenses	1 2,349,9	23								

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

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18

19

Yes

Yes

Yes

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

or X as applicable

Section 501(c)(3) organizations.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🔧

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 🦠

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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*

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Νo No

Page 3

No

No

No Nο Nο

Nο

No

No

No

Nο

Nο

Nο

No

Nο

No

Nο

No

Nο

No

No

No

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29

Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20b 21

Yes

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Form 990 (2016)

Page 4

No

Nο

Nο

No

Nο

No

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

rm	990 (2016)			Page
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 Part V	<u> </u>		Ш
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13,812 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
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	2ь		No
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)	20		INC
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
Ь	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	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
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)	-Tu		No
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INC
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		
	Organizations that may receive deductible contributions under section 170(c).			
1	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
)	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
;	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
ŀ	If "Yes," indicate the number of Forms 8282 filed during the year			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
2	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
a				

OHIII	990 (2016)						Page c
Par		ernance, Management, and DisclosureFor each "Yes" response to lines 2 th b, or 10b below, describe the circumstances, processes, or changes in Schedu			" respo	nse to li	nes
	Chec	k if Schedule O contains a response or note to any line in this Part VI					✓
Se	ction A. G	overning Body and Management					
						Yes	No
1a	Enter the n	umber of voting members of the governing body at the end of the tax year	1a	10			
	body, or if	material differences in voting rights among members of the governing the governing body delegated broad authority to an executive committee or mittee, explain in Schedule O					
b	Enter the n	umber of voting members included in line 1a, above, who are independent	1 b	10			
2		cer, director, trustee, or key employee have a family relationship or a busines ctor, trustee, or key employee?	s rela	tionship with any other	2		No
3		anization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other p			3		No
4	Did the org	anization make any significant changes to its governing documents since the p	orior F	orm 990 was filed?	4		No
5	Did the ora	anization become aware during the year of a significant diversion of the organ	ızatıo	n's assets?	5		No
6	-	anization have members or stockholders?	Lucio		6	Yes	
	_	anization have members, stockholders, or other persons who had the power to	۰ ۰	t or annount one or more	\vdash	163	
	members o	f the governing body?			7a	Yes	
b		vernance decisions of the organization reserved to (or subject to approval by) er than the governing body?	meml	bers, stockholders, or	7 b	Yes	
8	Did the org the followin	anızatıon contemporaneously document the meetıngs held or wrıtten actıons u g	ındert	aken during the year by			
а	The govern	ing body?			8a	Yes	
b	Each comm	ittee with authority to act on behalf of the governing body?			8b	Yes	
9		, officer, director, trustee, or key employee listed in Part VII, Section A, who c n's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		t be reached at the	9		No
Se	ction B. P	olicies (This Section B requests information about policies not requi	red b	v the Internal Revenue	e Code	∍.)	
				<i>y</i>		Yes	No
10a	Did the ora	anization have local chapters, branches, or affiliates?			10a		No
	If "Yes," did	I the organization have written policies and procedures governing the activities es to ensure their operations are consistent with the organization's exempt pu			10b		
			•		100		
	form? .	anization provided a complete copy of this Form 990 to all members of its gov		g body before filing the	11a		No
Ь	Describe in	Schedule O the process, if any, used by the organization to review this Form 9	990				
12a	Did the org	anization have a written conflict of interest policy? If "No," go to line 13	•		12a		No
b	Were office conflicts?	rs, directors, or trustees, and key employees required to disclose annually inte	erests	that could give rise to	12b		
C		anization regularly and consistently monitor and enforce compliance with the p	oolicy	? If "Yes," describe in	12c		
13	Did the org	anization have a written whistleblower policy?			13	Yes	
14	Did the org	anization have a written document retention and destruction policy?			14	Yes	
15	Did the pro persons, co	cess for determining compensation of the following persons include a review a mparability data, and contemporaneous substantiation of the deliberation and	nd ap decis	proval by independent sion?			
а	The organiz	ation's CEO, Executive Director, or top management official			15a	Yes	
Ь	Other office	rs or key employees of the organization			15b	Yes	
		ine 15a or 15b, describe the process in Schedule O (see instructions)					
16a		anization invest in, contribute assets to, or participate in a joint venture or similarly during the year?	nılar a	rrangement with a	16a		No
b	If "Yes," did	I the organization follow a written policy or procedure requiring the organization ture arrangements under applicable federal tax law, and take steps to safegua					
	status with	respect to such arrangements?		2. gamzadon 3 exempt	16b		
	ction C. D						
17	List the Sta	tes with which a copy of this Form 990 is required to be filed► MA					
18		14 requires an organization to make its Form 1023 (or 1024 if applicable), 990 r public inspection. Indicate how you made these available. Check all that app		990-T (501(c)(3)s only)			
		ebsite \square Another's website $ ot ot ot ot ot ot ot ot ot ot $	•	a 0)			
19		Schedule O whether (and if so, how) the organization made its governing doc		•			
		financial statements available to the public during the tax year	c	is, sommer or medical			
20		ame, address, and telephone number of the person who possesses the organiz M DEL ROSSI 40 MARKET STREET LOWELL, MA 01851 (978) 452-9961	zation	's books and records			
							

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

- 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 heither the organization no	r any related ol	rganizat	ion c	omp	ens	atea a	ny c	urrent officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t cho unle: ficer	ss pers	son	(D) Reportable compensation from the organization	Reportable compensation from the organization organizations Reportable compensation among a compensation organization organizations	
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or director		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations				
(1) KENNETH M DEL ROSSI PRESIDENT AN	40 00	Х		×				426,617	0	111,441
(2) GEORGE R GAGAN CHAIRMAN		Х						0	0	0
(3) FRANCIS J MCKENNEY 1ST VICE-CHA		Х						0	0	0
(4) KAREN A MORRIS CLERK		X						0	0	0
(5) STEVEN J BABBITT DIRECTOR		Х						0	0	0
(6) FRANK H LOSPENNATO TREASURER		×						0	0	0
(7) DAVID R MORRIS DIRECTOR		х						0	0	0
(8) RICHARD W PIECEWICZ 2ND VICE-CHA		х						0	0	0
(9) LINDA L PURTELL DIRECTOR		х						0	0	0
(10) ALAN J SEXTON DIRECTOR		х						0	0	0
(11) MAXWELL RODGERS DIRECTOR		×						0	0	0
(12) THOMAS HAMMOND CFO	40 00			×				228,532	0	23,531
(13) JOANNE MCCARTHY SR VP OF RET	40 00			x				142,096	0	8,163
(14) JUDY DODIER VP OF HOME F	40 00			x				123,715	0	22,697
(15) AMY SPINDLER MORTAGE ORIG	40 00				х			173,768	0	22,522
	ı	1 1	1	1	1	ı				i

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) ne and Title (B) (C) (D) (E) (F)

Name and Title	Average hours per week (list any hours for related					s pers	on	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total						•		,	,	
d Tatal (and lines 4b and 4a)	art ATT' Section	пΑ.	•	•	•	<u> </u>		1 004 730		100.354

2	of reportable compensation from the organiz

u	otal (add lines 16 and 16)			100,5
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 5			
			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			
	ındıvıdual	4	Yes	
5	Did any nerson listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

1b	Sub-Total			
c '	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c)			188,354
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 5			
			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		Vec	

				110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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	1	Voc	

	line 1a? If "Yes," complete Schedule J for such individual	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			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	ındıvıdual	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 J for such person						
Se	ection B. Independent Contractors						

	ındıvıdual	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 J for such person								
S	Section B. Independent Contractors								
1	1 Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.								

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 J for such person							
Se	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.							

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						

The state of the s							
(A)	(B)	(C)					
Name and business address	Description of services	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 ▶	
		Form 990 (2016)

Part '	VII	Statement of Revenue						rage J
		Check if Schedule O contains	a respo	onse or note to any	y line in this Part VII	ı		🗆
					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	excluded from tax under sections
	1:	Federated campaigns	1a			revenue		512-514
nts nts		b Membership dues	1b					
irai 10 u		c Fundraising events	1c					
8. G		d Related organizations	1d					
iii Pa		-						
ons, Gifts, Grants Similar Amounts		e Government grants (contributions)	1e					
ion	1	 All other contributions, gifts, grants, and similar amounts not included 	1f					
but the		above g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts		in lines 1a-1f \$						
an Co	ŀ	Total.Add lines 1a-1f		•				
				Busines	s Code			
립	2 a	LOAN INTEREST INCOME			13,	934,391 13	3,934,391	
<u>چ</u>	Ь							
3	c							
Ž.	d	T						
ε ε	е	r 						
Program Service Revenue	f	All other program service revenu	ie					
Ĕ	g	Total.Add lines 2a-2f		▶ 13,	,934,391			
		Investment income (including div		nterest, and other	2 245 20	2 245	202	
		similar amounts)			3,345,38	3 3,345	,383	
		Income from investment of tax-ex	-		• •			
	•	(ı) Re		(II) Personal				
	6a	Gross rents		(,				
	_							
	t	Less rental expenses						
	c	Rental income or						
		(loss) Net rental income or (loss) .						
	٠	(i) Secur	· ·	(II) Other				
	7 a	Gross amount	ides	(ii) Other				
		from sales of assets other						
		than inventory						
	Ŀ	Less cost or other basis and						
		sales expenses						
		Gain or (loss) Net gain or (loss)			_			
		Gross income from fundraising e		<u> </u>				
<u>a</u>		(not including \$	of					
Other Revenue		contributions reported on line 1c See Part IV, line 18						
Se	Ŀ	Less direct expenses						
e –		: Net income or (loss) from fundra		ents 🕨				
ŧ	9a	Gross income from gaming activ	ities					
		See Part IV, line 19	а					
	Ŀ	Less direct expenses						
		: Net income or (loss) from gamin		ies •				
	10	Gross sales of inventory, less						
		returns and allowances	a					
	Ŀ	Less cost of goods sold	b					
		: Net income or (loss) from sales (of invent	orv ►				
		Miscellaneous Revenue		Business Code				
	11	aOTHER REVENUE			2,482,28	0 2,482	,280	
	b	ATM INT CHG INC		•	945,49	4 945	,494	
	c	INT CHG CREDIT CARD			632,53	1 632	,531	
	c	All other revenue		<u>. </u>	672,65	9 647	,981	24,678
	•	e Total. Add lines 11a-11d		•	4,732,96	4		
	12	Total revenue. See Instructions					060	24.679
				-	22,012,73	8 21,988	,ບອບ	24,678 Form 990 (2016)

Part IX Statement of Functional Expense	s
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Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Forn	n 990 (2016)				Page 10
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members	2,395,530	2,395,530		
5	Compensation of current officers, directors, trustees, and key employees	1,094,728	306,674	788,054	
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	6,041,659	6,041,659		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	464,058	309,387	154,671	
9	Other employee benefits	1,270,149	846,808	423,341	_
10	Payroll taxes	539,006	359,339	179,667	
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	29,101		29,101	
c	Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17				_
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
	Office expenses	647,151		647,151	
	Information technology	·		·	
	Royalties				
	<u>_</u> '	1,076,678		1.076.678	
	_ '. '	1,0,0,0,0		2,0,0,0,0	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	117,050	78,034	39,016	
	Interest	361,931	361,931	33,010	
	-	301,331	301,331		
	Payments to affiliates	834,402		834,402	
	Depreciation, depletion, and amortization	634,402		034,402	
	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 OTHER EXPENSES	3,307,261		3,307,261	
	b DATA PROCESSING SERVICES	1,683,982	1,683,982		
•	c ADVERTISING/MARKETING	886,012		886,012	
•	d CREDIT REPORT	527,531		527,531	
	e All other expenses	-32,066	-33,421	1,355	
	Total functional expenses. Add lines 1 through 24e	21,244,163	12,349,923	8,894,240	0
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2016)

Form 990 (2016)

1

2

3

Assets

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11**

4,870,989

16.324.639

371.126.389

9,658,934

4.841.200

9.191.274

498,547

583,705,638

516.486.466

516,985,013

66,720,625

66,720,625

583,705,638

Form **990** (2016)

167.692.213

Cash-non-intere	S

st-bearing .

Savings and temporary cash investments . . .

Pledges and grants receivable, net . . . Accounts receivable, net . II of Schedule L

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)

Part II of Schedule L

voluntary employees' beneficiary organizations (see instructions) Complete Notes and loans receivable, net Inventories for sale or use . Prepaid expenses and deferred charges .

basis Complete Part VI of Schedule D

Less accumulated depreciation Investments—publicly traded securities .

10a Land, buildings, and equipment cost or other

10a 10b 11 Investments—other securities See Part IV, line 11 . 12 13 Investments—program-related See Part IV, line 11

Intangible assets

Other assets See Part IV, line 11 .

15 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . .

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

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

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

14

Accounts payable and accrued expenses

Grants payable . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

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

7.401.259

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

17,060,193

(A)

Beginning of year

5,043,457

16.792.974

1

2 3

4

5

6

8

9 8.985.732 180.797.059 4.952.800

9,569,419

464.811

563,550,434

494.446.268

494,911,079

68,639,355

68,639,355

563.550.434

26

27

28

29

30

31

32

33

34

337.408.993

16

14 15

23 24 25

3a

3h

Nο

Form 990 (2016)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 04-1680140

Name: ALIGN CREDIT UNION

Form 990 (2016)

SCHEDULE D

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.

DLN: 93493132029917 OMB No 1545-0047

(Form 990)

► Attach to Form 990. Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization **Employer identification number** ALIGN CREDIT UNION 04-1680140 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 3 Aggregate value of grants from (during year) 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 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? ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 20 C 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 > 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? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? ☐ No 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

 ${f e}$ Other .

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

Par	3000	Organizations M	aintaining Col	lections o	of Art, Hi	storio	cal Tı	reası	ures, or	Other	Similar A	ssets (d	continued)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records, c	heck a	any of	the fo	ollowing th	at are a	significant	use of its	collection
а		Public exhibition				d		Loan	or excha	nge prog	grams		
b		Scholarly research				e		Othe	:r				
С		Preservation for future	e generations										
4	Provide Part	de a description of the XIII	organızatıon's col	lections and	explain ho	w the	y furtl	ner the	e organiza	ation's e	xempt purp	ose ın	
5		ng the year, did the org s to be sold to raise fur									nılar	☐ Ye	s 🗆 No
Pai	t IV	Escrow and Cust Complete if the or X, line 21.			" on Form	1 990,	, Part	IV, lı	ıne 9, or	reporte	ed an amo	unt on F	orm 990, Part
1a		e organization an agent ded on Form 990, Part		an or other	ıntermedia	ry for	contri	bution	ns or other	assets	not	☐ Ye	s 🗆 No
b	If "Y∈	es," explain the arrange	ement in Part XIII	and comple	ete the follo	wina :	table					Amount	
c		nning balance		aa 33p		9				1c			
d	_	ions during the year								1 d			
е	Dıstrı	butions during the year	r							1e			
f	Endın	ng balance								1f			
2a	Did th	he organization include	an amount on Fo	rm 990, Par	t X, line 2:	L, for €	escrow	or cu	ıstodıal ac	count li	ability?	☐ Ye	s 🗆 No
b	_	es," explain the arrange											. ⊔
Pa	rt V	Endowment Fun	ds. Complete if										
la	Beginn	ning of year balance .		(a)Curren	t year	(B)Pr	ior yea	r	(c)Two yea	ars back	(d)Three ye	ears back	(e)Four years back
b	Contrib	butions											
		vestment earnings, gair											
		or scholarships											
		expenditures for faciliti ograms	es										
f	Admını	istrative expenses .											
g	End of	year balance											
2 a		de the estimated perce d designated or quasi-e	3	ent year end	l balance (l	ine 1g	ı, colu	mn (a)) held as				
h	Perm	anent endowment >											
c	Temp	porarily restricted endo	wment >										
-		percentages on lines 2a		ld equal 100)%								
За		here endowment funds nization by	not in the posses	sion of the	organizatio	n that	are h	eld an	nd adminis	tered fo	r the		Yes No
	(i) ur	nrelated organizations											n(i)
		elated organizations											(ii)
		es" on 3a(II), are the re	-					· .				3	Bb
1		ribe in Part XIII the inte			n s endowr	nent fi	unds						
Æ.	t VI	Land, Buildings, Complete if the or			on Form	990	Part '	IV. lır	ne 11a. 9	See For	m 990. Pa	rt X. line	≥ 10.
	Descri	iption of property	(a) Cost or oth (investme	ner basıs	(b)Cost or						depreciation		d)Book value
— La	Land						2.12	25,000					2,125,0
	Buildin							58,096			4,186,568	-	6,571,5
		nold improvements					- /				,,-	-	
		ment					4.17	77,097			3,214,691	 	962,40
			1		1		,		1			1	-, -

9,658,934

Part VII	Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	anızatıc	n ansv	rt IV, line 11b.		
	(a) Description of security or category (including name of security))Book value		(c)Method of vorend-of-year	
(1)Financial (2)Closely-h (3)Other	derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the or See Form 990, Part X, line 13.	rganızat	ion ans	swered 'Yes' on	Form 990, P	art IV, line 11c.
		(b) Boo	k value		(c) Method of v	
(1)					or cha or year	That Kee Value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Pa	rt IV, line 11d S	ee Form 990, F	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answei	· · red 'Yes	on Fo	rm 990, Part I\		• 11f.
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) B	ook value		
(1) Federal II	ncome taxes					
MEMBERS' S	HARE AND DEPOSIT ACCOUNTS			433,859,691		
BORROWING	GS			79,000,000		
OTHER LIAB	ILITIES			2,048,000		
MORTGAGOR	RS' TAX ESCROW			1,578,775		
FC DISC RAT						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25) or uncertain tax positions In Part XIII, provide the text of the fo	▶ ootnote t	o tha =:	516,486,466	ocial statement	e that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740) C					

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

Explanation

4a

4b

2e

3

4c

5

21,244,163

21,244,163

Schedule D (Form 990) 2015

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines 2a through 2d

Add lines 4a and 4b .

Return Reference

3

4

5

Part XIII

Schedule D (Form 990) 2015			Page 5
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493132029917 **Compensation Information** OMB No 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2016 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 Open to Public Department of the Treasury www.irs.gov/form990. Inspection Internal Revenue Service **Employer identification number** Name of the organization ALIGN CREDIT UNION 04-1680140 Questions Regarding Compensation Yes No 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 Personal services (e g, maid, chauffeur, chef) Discretionary spending account 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 **1**b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a No 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? No 4c Participate in, or receive payment from, an equity-based compensation arrangement? No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of 6a The organization? Any related organization? 6b 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 7 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2016 Cat No 50053T

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

(A) Name and Title)(ı)-(ııı) for each listed individual must equal the total amount of Form 990, (B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base 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 KENNETH M DEL ROSSI PRESIDENT AND CEO	(i)	404,532	13,638	8,447	111,441		538,058	
2 THOMAS HAMMONDCFO	(ii) (i)	223,040	4,358	1,134	23,531		252,063	
	(ii)							
3 JOANNE MCCARTHY SR VP OF RETAIL	(i)	138,386	2,658	1,052	8,163		150,259	
4 AMY SPINDLER MORTAGE ORIGINATOR	(ii) (i)	35,198	138,552	18	22,522		196,290	
THORNAGE GREENWATCH	(ii)							
See Additional Data Table								
I								

Schedule J (Form 990) 2016 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2016

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DLI	N: 93493132029917
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		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 a www.irs.gov/form990.		OMB No 1545-0047
				2016 Open to Public Inspection
Name of the org ALIGN CREDIT UN	ION	plemental Information	04-1680140	ntification number
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FORM 990, PAGE 6, PART VI, LINE 6	THE CRE	EDIT UNION HAS MEMBERS		

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FORM 990,	THE CREDIT UNION HOLDS AN ANNUAL MEETING ACCORDING TO ITS BYLAWS WHERE ALL MEMBERS ARE GIV
PAGE 6,	EN PROPER NOTIFICATION THE BYLAWS CALL FOR THE ELECTION OF DIRECTORS WHOSE TERMS HAVE EXP
PART VI,	IRED
LINE 7A	

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FORM 990,	THE CREDIT UNION MEMBERS RATIFY DECISIONS OF THE GOVERNING BODY AT THEIR ANNUAL MEETING AND ELECT
PAGE 6,	DIRECTORS AT THAT TIME
PART VI,	
LINE 7B	

Return

Reference	
FORM 990,	THE ORGANIZATION CONTRACTS WITH THEIR CPA FIRM TO PREPARE FORM 990 AFTER PREPARATION, A D
PAGE 6,	RAFT COPY IS SENT TO THE PRESIDENT AND CEO AND THE CHIEF FINANCIAL OFFICER FOR REVIEW ONC
PART VI,	E APPROVED THE 990 IS FILED A COPY OF THE 990 IS PROVIDED TO THE AUDIT COMMITTEE AND THE
LINE 11B	FULL BOARD FOR THEIR REVIEW AND RATIFICATION AT THE MEETING FOLLOWING THE FILING OF THE FO
	RM 990

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990 Schedule O, Supplemental Information

FORM 990,
PAGE 6,
PART VI,
LINE 15A

THE CREDIT UNION USES AN OUTSIDE FIRM THAT DOES COMPENSATION ANALYSIS THE CONSULTING FIRM
SURVEY ALL INDUSTRIES BOTH LOCALLY AND NATIONALLY AND PROVIDES THE CREDIT UNION WITH SALA
RY LEVEL RECOMMENDATIONS THE CREDIT UNION'S BOARD OF DIRECTORS SPECICALLY SETS GOALS FOR
THE CEO ANNUALLY AND HE IS THEN EVALUATED ON THESE GOALS AND OFFER SALARY WITHIN THE PROVI
DED RANGES

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990. THE CREDIT UNION USES AN OUTSIDE FIRM THAT DOES COMPENSATION ANALYSIS. THE CONSULTING FIRM SURVEY ALL INDUSTRIES BOTH LOCALLY AND NATIONALLY AND PROVIDES THE CREDIT UNION WITH SALA RY LEVEL RECOMMENDATIONS THE CREDIT UNION'S BOARD OF DIRECTORS SPECICALLY SETS GOALS FOR

PAGE 6. PART VI. LINE 15B THE CEO ANNUALLY AND HE IS THEN EVALUATED ON THESE GOALS AND OFFER SALARY WITHIN THE PROVI DED RANGES

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THE CREDIT LINION MAKES THE DOCUMENT AVAILABLE LIPON REQUEST

LINE 19

FORM 990, THE CREDIT UNION MAKES THE DOCUMENT AVAILABLE UPON REQUEST
PAGE 6,
PART VI.