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# **Return of Organization Exempt From Income Tax**

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

DLN: 93493283013527 OMB No 1545-0047

Department of the Treasury

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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

			lendar year, or tax year beginning ( C Name of organization	)1-01-2016 , and endir	ng 12-3	1-2016	<b>—</b>		
	ck ıf apı dress ch	plicable	Credit Unions Chartered in the State of Mich	igan					ication number
	me chai	-					38-152	4325	
	tıal retu	ırn	Doing business as						
Fın Detur	ial m/termi	ınated	Number and street (or P O box if mail is no	t delivered to street address)	Poom/su	ıto	E Telephor	ne number	
	nended		3030 S Adrian Hwy	t delivered to street address;	Room/su	ite	(517) 4	23-9120	
□ Ap	plication	n pending	City or town, state or province, country, and	d ZIP or foreign postal code					
			Adrian, MI 49221				<b>G</b> Gross re	ceipts \$ 10	02,525,157
			F Name and address of principal office	r		H(a) Is	this a group re	turn for	
			Randall Smith 3030 S Adrian Hwy				ubordinates?		□Yes 🛂 No
			Adrian, MI 49221				re all subordinat cluded?	es	☐ Yes ☐No
Tax	x-exem	pt status	☐ 501(c)(3) <b>☑</b> 501(c) (14) <b>◄</b> (insert	no)	□ 527		"No," attach a l	ıst (see	instructions)
W	ebsite	e: Nw	v tlccu org			H(c) G	roup exemption	number	<b>&gt;</b>
						_		Ι	
<b>(</b> Forn	n of org	ganızatıon	Corporation Trust Association	✓ Other ► Credit Union		L Year of f	ormation 1956	M State	of legal domicile MI
Dэ	rt I	Sumi	narv						
<u> </u>			cribe the organization's mission or most	significant activities					
υ			financial services to member owners wi						
<b>≟</b>	_								
Ě									
GOVERNANCE			s box $\blacktriangleright$ $\square$ if the organization discontin					ssets	1
			f voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,				3	7
Ž,			f independent voting members of the go	- , ,	•			4	7
ACHVILLES &			ber of individuals employed in calendar	,	•			5	119
3			ber of volunteers (estimate if necessary	•				6	10
•			lated business revenue from Part VIII,	* **			• •	7a 7b	65,014
	D N	vet unrei	ated business taxable income from Form	1990-1, line 34	• •	<del></del>	Prior Year	/B	46,916 Current Year
	8 (	Contribut	ons and grants (Part VIII, line 1h) .				Filor Tear	0	Current real
ĕΩĹ			service revenue (Part VIII, line 2g)		•		14,392,9	_	15,207,143
Rəvenue		-	nt income (Part VIII, column (A), lines 3				2,792,0		4,273,368
α			enue (Part VIII, column (A), lines 5, 6d,	•			-19,4		115,954
	12 T	Total reve	nue—add lines 8 through 11 (must equ	al Part VIII, column (A), lii	ne 12)		17,165,4	497	19,596,465
	13 (	Grants an	d sımılar amounts paıd (Part IX, column	(A), lines 1–3 )	i			0	0
	14 E	Benefits p	aid to or for members (Part IX, column	(A), line 4)				0	O
82	15 9	Salaries,	other compensation, employee benefits	(Part IX, column (A), lines	5-10)		5,925,	274	6,289,978
Expenses	16a i	Professio	nal fundraising fees (Part IX, column (A)	, line 11e)				0	0
άx	b⊤	Fotal fundr	aising expenses (Part IX, column (D), line 25)	<u>0</u>					
ш	17 (	Other exp	enses (Part IX, column (A), lines 11a–1	1d, 11f-24e)	•		6,120,	303	8,139,731
	l		enses Add lines 13–17 (must equal Part				12,045,	577	14,429,709
(5	19 F	Revenue	ess expenses Subtract line 18 from line	12	•		5,119,9		5,166,756
ž č						Begini	ning of Current Y	ear	End of Year
Net Assets of Fund Balances	20 1	Total asse	ts (Part X, line 16)				413,804,9	939	443,222,675
Z AS	l		lities (Part X, line 26)				356,528,	_	382,947,661
ξĒ	l		s or fund balances Subtract line 21 fron		i		57,276,	566	60,275,014
	t II		ture Block					'	
			rjury, I declare that I have examined th , it is true, correct, and complete Decla						
	nowled		, it is true, correct, and complete Decia	ration of preparer (other t	.nan ome	Jei ) 13 Das	eu on an monn	acion or v	which preparer has
		l k					2017 10 10		
		Signatu	re of officer				2017-10-10 Date		
Sign Here			Smith CEO						
			Smith CEO print name and title						
				arer's signature		ate		PTIN	
aic	k	D	enise Luckenbacher Deni	se Luckenbacher	2	017-10-10	Check L If   self-employed	P0154610(	<u>.                                </u>
	pare	ı ⊢	rm's name				Fırm's EIN ► 38-		
-	Onl	1 =	m's address ► 31215 Jefferson Ave				Phone no (586)	296-1155	
	•		St Clair Shores, MI 48082						

Cat No 11282Y

Form **990** (2016)

Page <b>2</b>					(2016)	Form 99
		ments	rvice Accomplish	f Program Se	Statement of	Part 1
🗆		y line in this Part III .	response or note to any	le O contains a r	— Check ıf Schedı	
			ion	anızatıon's mıssı	efly describe the org	1 B
d their families by	nancial services to our members		people Striving to be t security and well-being			
		es during the year whic	· ·	, -	=	
☐ Yes ☑ No					•	
					Yes," describe these	
	, any program	anges in how it conduct	or make significant cha	ase conducting,	the organization ce	<b>3</b> D
☐ Yes 🗹 No					vices?	s
			nedule O	changes on Sch	Yes," describe these	I
	gest program services, as measur rants and allocations to others, th	report the amount of g		501(c)(4) organı	ction $501(c)(3)$ and	S
)	) (Revenue \$	including grants of \$		) (Expenses \$	ode	<b>4a</b> (
<u> </u>					e Addıtıonal Data	5
)	) (Revenue \$	including grants of \$		) (Expenses \$	ode	<b>4b</b> (
					e Addıtıonal Data	5
)	) (Revenue \$	including grants of \$	II	) (Expenses \$	ode	4c (
					e Addıtıonal Data	S -
			thedule O )	(Describe in Sc	her program service	4d (
0)	) (Revenue \$		including grants of \$	0	kpenses \$	(
		)	0	e expenses 🟲	tal program servi	4e 1
0 )	) (Revenue \$				· · · · · · · · · · · · · · · · · · ·	`

or X as applicable

Section 501(c)(3) organizations.

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11a

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11c

11d

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11f

12a

12b

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14a

14h

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Page 3

No No

No

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No

Nο

No

Nο

No

Νo

No

No

Nο

Form 990 (2016)

Checklist of Required Schedules		
		Yes
ne organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete		
edule A	1	

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

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

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,"

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

**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 . . . . . . . . . . . . . .

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

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) . . . .

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

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

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

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,

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

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?

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?

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

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?

No

4 5

Yes

Yes

Yes

Yes

29

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?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . . . . . . . . .

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

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 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)

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

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

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Yes

Form 990 (2016)

Yes

Page 4

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No

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Nο

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Nο

Nο

	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	•		
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   10,672		Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Č	(gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		.,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
44	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	See instructions for mining requirements for fine EN form 114, Report of Foreign Bank and Financial Accounts (FBAK)			
5-2	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		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
_	provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		
a	Form 8282?	<b>7</b> c		
a	If fes, indicate the number of Forms 6262 filed during the year			
e	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C <sup>7</sup>	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during			
	the year?	8		
Qa	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		
0	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			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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			
_	The organization is neclistated to issue qualified including plans.			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110
	in res, has refiled a norm 720 to report these payments in two, provide an explanation in Schedule O		orm <b>99</b>	0 (201

Par	t VI	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	respo	nse to li	nes
		Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ction	A. Governing Body and Management			
_				Yes	No
la	Enter	the number of voting members of the governing body at the end of the tax year 7			
	body,	ore are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ar committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b  7			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee?	2		No
3		ne organization delegate control over management duties customarily performed by or under the direct supervision icers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did th	ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No No
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No
6		ne organization have members or stockholders?	6	Yes	
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	meml	bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b	Yes	
8		ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing			
а	The g	poverning body?	<b>8</b> a	Yes	
		committee with authority to act on behalf of the governing body?	8b	Yes	
9		ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction	<b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	Code		
40-	D. J. H	and the second s	10-	Yes	No
		ne organization have local chapters, branches, or affiliates?	10a	Yes	
	and b	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	form?		11a		No
b	Descr	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Were confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
С		ne organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in dule O how this was done	12c	Yes	
13	Did th	ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15		ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	organization's CEO, Executive Director, or top management official	15a	Yes	
b		r officers or key employees of the organization	15b	Yes	
	If "Ye	es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year?	16a		No
b	ın joir	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt is with respect to such arrangements?			
<u> </u>		Y	16b		
<u>5e</u> 17		C. Disclosure he States with which a copy of this Form 990 is required to be filed▶			
18	Section	on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) able for public inspection. Indicate how you made these available. Check all that apply			
19	☐ c Descr	Dwn website			
20	State	the name, address, and telephone number of the person who possesses the organization's books and records Community Credit Union 3030 S Adrian Hwy Adrian, MI 49221 (517) 263-9120			
					2 /2016

Form 990 (2016)

#### 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 '

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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

( <b>A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) 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	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Mark Spohr Chairperson	1	X		×				0	0	0
(2) David Miller Vice Chairperson	1	X		×				0	0	0
(3) Ron Wimple Vice Chairperson (Jan-Mar)	1	Х		×				0	0	0
(4) James Baldwin Secretary	1	X		×				0	0	0
(5) Linda Rosacrans Treasurer	1	X		×				0	0	0
(6) Patricia Gerth Director	1	х						0	0	0
(7) Richard Egli Director	1	X						0	0	0
(8) Troy Bevier Director (Mar-Dec)	1	X						0	0	0
(9) Randall Smith CEO	40			×				233,982	0	63,819
(10) Michael Servoss EVP-Administration	40			×				164,145	0	42,645
(11) Roy Cadieux EVP-Operations	40				×			175,798	0	22,608
(12) Robert Schrock VP-Lending	40					x		142,013	0	21,112

Form 990 (2016) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (F) Reportable Name and Title Average Position (do not check more Reportable Estimated

hours per week (list any hours			n off	ficer	and a		compensation from the organization (W-	compensation from related organizations (W-	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				<b>&gt;</b>			
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•			<b>&gt;</b>  -	715,938	0	150,184

1b Sub-Total													
d Total (add lines 1b and 1c)						▶ _		715,938	0	150,184			
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$1	00,000				

1b 9	1b Sub-Total											
c ·	c Total from continuation sheets to Part VII, Section A											
d ·	Fotal (add lines 1b and 1c)						▶□		715,938	0	150,184	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$	100,000		

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

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

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

**Section B. Independent Contractors** 

compensation from the organization ▶ 0

3

4

5

1b Sub-Total													
c Total from continuation sheets to Pa	art VII, Sectio	nΑ.			•	▶							
d Total (add lines 1b and 1c)						▶		715,938		0	150,184		
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	oove	e) who	rec	eived more than	\$10	0,000			

Yes

Yes

3

4

5

(B)

Description of services

No

Νo

No

(C)

Compensation

Form 990 (2016)

		(2016)	_									Page 9
Part	VIII							-				
		Check if Schedul	e O contains	a respo	onse or note to any	(,	nis Part VII A) evenue	Rel	(B) ated or cempt	(C) Unrelated business		(D) Revenue
								fu	nction venue	revenue		under sections 512-514
s s	1a	Federated campaign	ns	1a					<u>'</u>		'	
ant		<b>b</b> Membership dues .		1b								
6. G		c Fundraising events		1c								
iffs lar /		d Related organization		1d								
imil		<ul><li>Government grants (co</li><li>All other contributions,</li></ul>		1e								
Contributions, Gifts, Grants and Other Similar Amounts	1	and similar amounts no above	ot included	<b>1</b> f								
ibu	و	Noncash contribution	ns included									
Contrant												
	<u> </u> h	Total.Add lines 1a-1	f		Busines:	- C-4- T	0					
Revenue	2a	Loan Interest Income			Busines	522100	9.4	75,191	9,475	5.191	0	0
₽. Ye	_	Fee & Other Income				524298	·	19,875	5,154		65,014	0
lce	С	Sale of Mortgages				522100	5	512,077	512	,077	0	0
Serv	d			_								
an	e							0		0	0	0
Program Service		All other program se			15,	207,143				•	<u>'</u>	
<u> </u>		Total.Add lines 2a-2f						T		I		
	s	Investment income (ir similar amounts) .			ı	<u> </u>	3,152,62		3,152,621		0	0
		Income from investme		-		•		0	0		0	0
	5 1	Royalties	(ı) Rea		(II) Personal	<u>▶  </u>					0	
	6a	Gross rents	(1) 1100	•	(11) 1 01001141							
	b	Less rental expenses		60,900 73,135		0						
				·								
	С	; Rental income or (loss)		12,235		0						
	d	Net rental income or	r (loss)				-12,23	5	-12,235		0	0
		Cross amount	(ı) Securi	ies	(II) Other							
	/a	Gross amount from sales of assets other	83,5	32,600	443,70	)4						
		than inventory										
	b	Less cost or other basis and	82,3	48,557	507,00	00						
	c	sales expenses Gain or (loss)		.84,043	-63,29							
		Net gain or (loss)		•	<b>•</b>	_	1,120,74	7	1,120,747		0	0
	8a	Gross income from fu (not including \$		ents of								
Other Revenue		contributions reporte	d on line 1c)									
eve	h	See Part IV, line 18 Less direct expenses		a b								
r R		: Net income or (loss)		L	ents							
)th	9a	Gross income from g	amıng actıvıt	es	<u>-</u>							
•		See Part IV, line 19		а								
	b	Less direct expenses	s	ь								
		: Net income or (loss)		actıvıtı I	ies <b>&gt;</b>	_		-				
	IUa	Gross sales of invent returns and allowanc										
				a								
		Less cost of goods s Net income or (loss)		b	on.							
		Miscellaneous		invent	Business Code							
	11	aSBA Participation Lo	an		52210	00	128,18	9	128,189		0	0
	b											
	_							1				
	С	;										
	d	All other revenue .		-				0	O		0	0
		• <b>Total.</b> Add lines 11a			•							
	12	: <b>Total revenue.</b> See	Instructions				128,18		40 == :			
							19,596,46	5	19,531,451	<u> </u>	55,014 Fo	orm <b>990</b> (2016)

Forr	m 990 (2016)				Page <b>10</b>
	rt IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete 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			3	
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				
5	Compensation of current officers, directors, trustees, and key employees	866,122			
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	4,009,094			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	426,274			
9	Other employee benefits	609,422			
10	Payroll taxes	379,066			
11	Fees for services (non-employees)				
	a Management	18,816			
	o Legal	18,902			
		56,750			
	c Accounting	30,730			
	il Lobbying				
	e Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	34,067			
12	Advertising and promotion	360,775			
13	Office expenses	1,005,064			
14	Information technology	670,352			
15	Royalties				
16	Occupancy	713,273			
17	Travel	23,931			
	Payments of travel or entertainment expenses for any federal, state, or local public officials	· ·			
19	Conferences, conventions, and meetings	101,102			
	Interest	1,583,841			
	-	1,303,041			
	Payments to affiliates	429.970			
	Depreciation, depletion, and amortization	428,870			
	Insurance	90,236			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
	a 990T Expense	5,700			
	<b>b</b> Loan Servicing	2,299,078			
	c Provision for Loan Loss	467,326			
	d Miscellaneous Expense	144,462			
	e All other expenses	117,186			
	Total functional expenses. Add lines 1 through 24e	14,429,709	0	0	0
	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)				

Form **990** (2016)

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	4,796,658	1	4,130,543
2 Savings and temporary cash investments	524,185	2	663,806
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	32,474	4	10,679

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part 5 II of Schedule L 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)

6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 225.758.522 Notes and loans receivable, net . . . . 231.687.173 Inventories for sale or use . 8 353.876 311,184 9 Prepaid expenses and deferred charges .

13,148,520

5,344,007

7.986.371

150,114,810

17.629,600

6,608,443

1,531,726

413,804,939

354.996.647

356,528,373

57,276,566

57,276,566

413.804.939

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

7,804,513

178.608.187

13.172.520

6.834.070

2.258,557

443.222.675

380.689.104

382,947,661

0

60,275,014

60,275,014

443.222.675

Form **990** (2016)

10a

10b

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities 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

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

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

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 .

b Less accumulated depreciation

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

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

60,275,014

☐ Both consolidated and separate basis

Yes

Nο

Form 990 (2016)

2c

3a

3b

✓ Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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 Schedule O

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

#### Additional Data

**Software ID:** 16000425 **Software Version:** v1.00

**EIN:** 38-1524325

Name: Credit Unions Chartered in the State of Michigan

Provide 47,712 members with Savings, Share Drafts, Club, Money Market, Business, Individual Retirement and Certificates of Deposit Accounts totaling 84,593

Form 990 (2016)

Form 990, Part III, Line 4a:

#### Form 990, Part III, Line 4b: Provide 14,369 New and Used Auto, Revolving Credit, Overdraft, Commercial, Real Estate, Home Equity Student and Credit Card loans

#### Form 990, Part III, Line 4c: Offer ATM, Home Banking, Audio Response, ACH, Safe Deposit Boxes, Overdraft Protection, Check Cashing, Travelers Checks, Mobile Banking, Mobile Deposit Capture and various insurance programs to all eligible members

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493283013527 TY 2016 Reasonable Cause Explanation **Name:** Credit Unions Chartered in the State of Michigan **EIN:** 38-1524325 **Software ID:** 16000425 **Software Version:** v1.00 **Explanation:** Additional time was needed in order to gather all the information that is required to complete an accurate return. An automatic extension was filed to extend the due date to 11/15/17.

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. ► Attach to Form 990.

DLN: 93493283013527 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>. **Employer identification number** 

Open to Public

C, C	cate official circles in the state of Fichigan		38-1524325		
Pa	Organizations Maintaining Donor Advised Funds or Other Complete if the organization answered "Yes" on Form 990, Part		is or Accounts.		
	(a) Donor advised fund	•	(h)Funds ar	nd other accounts	
1	Total number at end of year		(2), 4,143 4,	THE STATE OF THE S	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the ass funds are the organization's property, subject to the organization's exclusive leg		or advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, and donor advisors in writing to used only for charitable purposes and not for the benefit of the donor or donor a conferring impermissible private benefit?			☐ Yes	□ No
Pa	Conservation Easements. Complete if the organization answer	ered "Yes" on I	Form 990, Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that a	apply)			
	$\square$ Preservation of land for public use (e g , recreation or education) $\square$	Preservation o	of an historically imp	oortant land area	
	Protection of natural habitat	Preservation o	of a certified historic	: structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation coeasement on the last day of the tax year	ontribution in the		ation at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure included in (	•	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and is structure listed in the National Register	not on a historic	2d		
3	Number of conservation easements modified, transferred, released, extinguishe tax year	ed, or terminated	l by the organizatio	n during the	
4	Number of states where property subject to conservation easement is located	•			
5	Does the organization have a written policy regarding the periodic monitoring, is and enforcement of the conservation easements it holds?	nspection, handl	ling of violations,	□ Yes □ N	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violation	ons, and enforcir	ng conservation eas	ements during the	year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	and enforcing cor	nservation easemer	its during the year	
В	Does each conservation easement reported on line 2(d) above satisfy the requirement and section $170(h)(4)(B)(ii)$ ?	rements of section	on 170(h)(4)(B)(ı)	☐ Yes ☐ M	No
9	In Part XIII, describe how the organization reports conservation easements in it balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements			and	-
Pai	<b>Organizations Maintaining Collections of Art, Historical T</b> Complete if the organization answered "Yes" on Form 990, Part		Other Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repart, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIII, the text of the footnote to its financial statements that despressions.	tion, or research	ı ın furtherance of p		of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in historical treasures, or other similar assets held for public exhibition, education, following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
C	ii)Assets included in Form 990, Part X		<u> </u>		
2	If the organization received or held works of art, historical treasures, or other si following amounts required to be reported under SFAS 116 (ASC 958) relating t		financial gain, prov	ide the	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
b	Assets included in Form 990, Part X		<b>▶</b> \$		
or	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Cat	No 52283D <b>Sch</b>	nedule D (Form 99	90) 201

 $\boldsymbol{c} \;\; \text{Leasehold improvements}$ 

**d** Equipment . .

e Other .

Sche	dule D	(Form 990) 2016												Page	2
Par	t III	Organizations Ma	aintaining Colle	ections o	of Art, H	istori	cal Tr	easu	res, or	Other	Similar A	ssets (	continue	d)	_
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)														
а		Public exhibition				d		Loan	or excha	inge prog	ırams				
b		Scholarly research				е		Other	-						
c		Preservation for future	e generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII														
5		g the year, did the orga s to be sold to raise fur									nılar	□ <b>Y</b>		No	
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Fori	n 990	, Part	IV, lır	ne 9, or	reporte	ed an amo				_
1a		e organization an agent led on Form 990, Part I		n or other	ıntermedı	ary for	contrib	outions	s or othe	r assets	not	□ <b>Y</b>	es 🗆	No	
Ь	If "Ye	es," explain the arrange	ement in Part XIII a	and comple	ete the fol	lowing	table		Ī			Amount			
c		ning balance								1c					
d	_	ions during the year							-	1d					
е		butions during the year	r							1e					
f		g balance							Ī	1f					
<b>2</b> a		ne organization include	an amount on Forr	n 990. Pai	rt X. line 2	21. for	escrow	or cus	ו stodial a	ccount lia	ability?	П.,			
b		s," explain the arrange		•							·	⊔ Y∙		l No	
Pa	rt V	Endowment Fund	<b>ds.</b> Complete ıf t	he organ	ızatıon a	nswer	ed "Ye	es" on	Form	990, Par	t IV, line	10.			_
				(a)Currer	nt year	<b>(b)</b> Pr	ıor yeaı	r (	(c)Two ye	ars back	(d)Three ye	ears back	(e)Four	years back	_
1a	Beginn	ing of year balance .													_
b	Contrib	outions													_
С	Net inv	estment earnings, gair	ns, and losses												
d	Grants	or scholarships													_
е		expenditures for facilitie ograms	es												_
f	Admını	strative expenses .													_
g	End of	year balance													
2 a		de the estimated perceid designated or quasi-e		it year end	d balance	(line 1g	g, colur	mn (a)	) held a	5					
b	Perma	anent endowment >													
c	Temp	orarily restricted endov	wment <b>&gt;</b>												
·		ercentages on lines 2a		l equal 100	0%										
За		nere endowment funds				on that	are he	eld and	d admini	stered fo	r the				
	_	nization by										_	Ye	s No	
	` '	nrelated organizations					•						a(i)		
L		elated organizations .		· · ·		 	ا مانام الا						a(ii)		-
р 4		es" on 3a(II), are the rel Tibe In Part XIII the Inte	<del>-</del>					•			• •		3b		-
	rt VI	Land, Buildings,	and Equipment	t.				D. / . l		C E	000 P-		- 10		—
	Descri	Complete if the orderty	ganization answe (a) Cost or othe (investment)	r basıs	(b)Cost						m 990, Pa epreciation		<u>e 10.</u> (d)Book v	alue	—
				_											
	Land			0				1,309			0.55:			1,421,3	
b	Buildin	gs		0	I		8,02	9,993			2,581,702	I		5,448,2	91

0

0

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

21,804

3,563,784

111,630

6,102

817,181

111,630

7,804,513

15,702

2,746,603

Part VII Investments—Other Securities. Complete	f the org	anızatıon ansv	vered 'Yes' on F	orm 990, Part	: IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b	)Book value		c)Method of va or end-of-year r	
(1)Financial derivatives				•	
(2)Closely-held equity interests		4,276,597		C	
(B) Federal Agency Securities		173,114,290		F	
(C) Co-Op Network Stock		3,000		С	
(D) FHLB Stock		1,214,300		С	
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. Complete	▶ If the or	178,608,187	swered 'Yes' on	Form 990 Pa	rt IV line 11c
See Form 990, Part X, line 13.	- 11 (110 01				· 
(a) Description of investment		(b) Book value		<b>c)</b> Method of va or end-of-year r	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	•				
Part IX Other Assets. Complete if the organization answe (a) Descrip		on Form 990, Pa	rt IV, line 11d Se	e Form 990, Pa	rt X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				>	
<b>Part X Other Liabilities.</b> Complete if the organizatio See Form 990, Part X, line 25.	n answe	red 'Yes' on Fo	rm 990, Part IV	, line 11e or	11f.
1. (a) Description of liability		<b>(b)</b> B	ook value		
(1) Federal income taxes					
Member Shares			380,689,104		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		<u> </u>	380,689,104		
2. Liability for uncertain tax positions In Part XIII, provide the tex		ootnote to the or	ganızatıon's fınan		· —
organization's liability for uncertain tax positions under FIN 48 (AS	SC 740) C	heck here if the	text of the footno	te has been pro	ovided in Part XIII

Part XI

2

b

c

5

1

2

b

d

е 3

а

b

c

Part XIII

5

4

Part XII

Schedule D (Form 990) 2016

n

n

-136.430

136,430

2e 3

4c

2e

3

4c

5

0

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

4b

2a

2b 2c

2d

4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

19,732,895

-136,430

19,596,465

14,566,139

136,430

14.429.709

14,429,709

Schedule D (Form 990) 2015

е	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${\bf 1}$	
а	Investment expenses not included on Form 990, Part VIII, line 7b	

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII ) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other (Describe in Part XIII ) .

Add lines 4a and 4b .

Other losses .

Donated services and use of facilities .

Recoveries of prior year grants . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

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,

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

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII ) . . . . .

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

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 .

Other (Describe in Part XIII ) . . . . .

Supplemental Information

Page <b>5</b>	Schedule D (Form 990) 2015			
	tal Information <i>(continued)</i>	Part XIII Supplemental Info		
xplanation		Return Reference		

Schedule D (Form 990) 2016

#### **Additional Data**



Schedule D, Part XI, Line 4b

**Software ID:** 16000425 **Software Version:** v1.00 **EIN:** 38-1524325

Name: Credit Unions Chartered in the State of Michigan

Explanation

Rental Expenses included in Net Rental Income -73,135, Net Loss on Sale of Other Real Estate Owned -63,296,

### **Supplemental Information**

Return Reference

Rounding 1

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part XII, Line 2d	Rental Expenses included in Net Rental Income 73,135, Net Loss on Sale of Other Real Estate Owned 63,296, Rounding -1			

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DLN: 93493283013527

**Employer identification number** 

2015

OMB No 1545-0047

## Schedule J

(Form 990)

**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 <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Credit Unions Chartered in the State of Michigan 38-1524325 **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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 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 a Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo 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 compensation contingent on the revenues of The organization? **5**a 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 compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III 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 67 If "Yes," describe in Part III 7 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 53 4958-6(c)?

Page 2

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990. Part VII. Section A, line 1a, applicable column (D) and (E) amounts for that individual

Note: The sam of columns (b)	, (''')	Tor each hister marvior	dar mast equal the total	ramount of rollingso,	rait VII, Section A, iii	е та, аррисавіс соічі	mm (D) and (E) amound	3 for that marvidual
(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation			
1 Randall SmithCEO	(i)	233,456	0	526	29,037	34,782	297,801	0
	(ii)	0	0	0	0	0	0	0
2 Michael Servoss EVP-Administration	(i)	158,619	5,000	526	20,689	21,956	206,790	0
	(ii)	0	0	0	0	0	0	0
3 Roy Cadieux EVP-Operations	(i)	168,491	5,000	2,307	21,152	1,456	198,406	0

4 Robert SchrockVP-Lending 134,987 5,000 2,026 17,333 3,779 163,125

Page <b>3</b>				
Part III Supplemental Information				
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information				
Return Reference	Explanation			

Schedule J (Form 990) 2015

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SCHEDUL (Form 990 or EZ)	pecific questions on la information. and its instructions is at	OMB No 1545-0047  2016 Open to Public Inspection				
Name of the org Credit Unions Char	rtered in the S	State of Michigan  Dlemental Information	88-1524325	tification number		
Return Reference		Explanation		-		
Form 990, Part VI, Section A, Line 6	The Credit Union has a single class of members with equal rights of ownership, governance and voting					

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Line 7a

Return Explanation
Reference

Form 990,	The membership of the credit union must approve mergers, field of membership changes, by-law changes, and charter changes
Part VI,	
Section A,	
Line 7b	

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 11b

The Form 990 and schedules are carefully reviewed by the Executive Vice President-Administ ration, the CEO also reviews in summary. The Form 990 and schedules are made available to

Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B,

Return Explanation
Reference

Form 990,
Part VI,
Section B,
The Board of Directors determines CEO compensation through the use of multiple salary surv
eys and third party appraisal and compensation system. The CEO uses the same resources for
determining VP compensation. The CEO's last compensation review was performed in 2016. Th

e Executive Vice President Administration's last compensation review was in 2016

990 Schedule O, Supplemental Information

Line 15

Return Explanation
Reference

Form 990, Part VI,	Monthly Financial Statements are posted in the lobbies of the Credit Union Other documents are available for review upon request
Section C,	
Line 19	

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Other Comprehensive Income -12,250

Part XI, Line