

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



efil	e GRAPHIC p	rint - DO NOT PROCESS As Filed Data -		DL	N: 93	493264008207			
	990	Return of Organization Exempt From	Income	Tax	ОМ	B No 1545-0047			
Form	330	Under section 501(c), 527, or 4947(a)(1) of the Internal Rever foundations)	nue Code (ex	cept private		2016			
•	ment of the Treasur al Revenue Service	<ul> <li>Do not enter social security numbers on this form as it may</li> <li>Information about Form 990 and its instructions is at www.</li> </ul>			0	pen to Public Inspection			
A F	or the <b>2016</b> ca	lendar year, or tax year beginning 01-01-2016 , and ending 12-31	L-2016						
□ Ad	ck if applicable dress change ime change itial return	C Name of organization CAMPUS USA CREDIT UNION  Doing business as		<b>D Employer</b> 59-06376		cation number			
□ An	nai rn/terminated nended return iplication pending	Number and street (or P O box if mail is not delivered to street address) Room/sui 14007 NW 1ST ROAD	te	E Telephone (352) 335					
		City or town, state or province, country, and ZIP or foreign postal code JONESVILLE, FL 32669		<b>G</b> Gross recei	ıpts \$ 99	,256,226			
	x-exempt status	F Name and address of principal officer JERRY BENTON 14007 NW 1ST ROAD JONESVILLE, FL 32669	H(b) Are all include	linates? subordinates ed?	5	□Yes ☑No			
	·	□ 501(c)(3)		" attach a list exemption ni		•			
<b>K</b> For	n of organization	☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	<b>L</b> Year of format	tion 1935 <b>M</b>	<b>1</b> State o	of legal domicile FL			
Pa	rt I Sumn	nary							
Activities & Governance	CAMPUS US	cribe the organization's mission or most significant activities SA IS A NON-PROFIT FINANCIAL INSTITUTION PROVIDER IT HAS SIX COUND IND LOAN OPTIONS ALONG WITH EXCEPTIONAL MEMBER SERVICE	JNTIES FOR M	EMBERSHIP V	WITH C	OMPETITIVE			
. Gove		s box ▶ ☐ If the organization discontinued its operations or disposed of m f voting members of the governing body (Part VI, line 1a)		of its net ass	ets   <b>3</b>	7			
<b>20</b>	4 Number o	f independent voting members of the governing body (Part VI, line 1b) .			4	7			
Ę,	5 Total num	ber of individuals employed in calendar year 2016 (Part V, line 2a)	5	364					
Ç	6 Total num	otal number of volunteers (estimate if necessary)							
4		lated business revenue from Part VIII, column (C), line 12			7a	209,867			
	<b>b</b> Net unrela	ited business taxable income from Form 990-T, line 34			7b	-20,786			
			Prio	or Year		Current Year			
<u>a</u> i		ons and grants (Part VIII, line 1h)			0	(			
ēnuə/	9 Program s	ervice revenue (Part VIII, line 2g)		53,504,40	9	62,323,325			

		JONES	WILLE, TE 32009		<b>G</b> Gross i	eceipts \$ 99	9,256,226
			ne and address of principal officer	H(a)	Is this a group r	eturn for	
			BENTON NW 1ST ROAD		subordinates?		□Yes ☑No
			VILLE, FL 32669		Are all subordina included?	ates	☐ Yes ☐No
Ta	x-exem	pt status 🔲 501	.(c)(3) ☑ 501(c)(14) ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		If "No," attach a	list (see	instructions)
W	ebsite	∷► WWW CAME			Group exemptio	-	•
Forr	n of org	janization 🗹 Cor	poration  Trust  Association  Other	<b>L</b> Year o	f formation 1935	M State	of legal domicile FL
Pa	rt I	Summary					
ų Š	C	AMPUS USA IS A	e organization's mission or most significant activities NON-PROFIT FINANCIAL INSTITUTION PROVIDER IT HAS SIX COL IN OPTIONS ALONG WITH EXCEPTIONAL MEMBER SERVICE	JNTIES	FOR MEMBERSH	IP WITH C	COMPETITIVE
Ē	-						
GOVERNANCE							
٥	2 (	Check this box <b>&gt;</b>	$\square$ if the organization discontinued its operations or disposed of mo	ore thar	n 25% of its net	assets	
d d	3 1	Number of voting	members of the governing body (Part VI, line 1a)			3	7
h b	4 1	Number of indepe	endent voting members of the governing body (Part VI, line 1b) .			4	7
	5	Total number of i	ndividuals employed in calendar year 2016 (Part V, line 2a)			5	364
ACHYINES &	6 -	Total number of v	volunteers (estimate if necessary)			6	11
	7a <sup>-</sup>	Total unrelated be	usiness revenue from Part VIII, column (C), line 12			7a	209,867
	b 1	Net unrelated bus	siness taxable income from Form 990-T, line 34			7b	-20,786
					Prior Year		Current Year
Q,	8 (	Contributions and	grants (Part VIII, line 1h)			0	0
Ravenua	9 1	rogram service i	revenue (Part VIII, line 2g)		53,504	,409	62,323,325
Ž	10 I	nvestment incom	ne (Part VIII, column (A), lines 3, 4, and 7d )		3,361	,120	3,555,090
_	11 (	Other revenue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		795	,827	1,324,363
	12	Total revenue—ad	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		57,661	,356	67,202,778
	13 (	Grants and simila	r amounts paid (Part IX, column (A), lines 1–3 )		200	,593	345,376
	14	Benefits paid to o	r for members (Part IX, column (A), line 4)			0	0
æ	15 9	Salaries, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)		19,595	,998	22,162,349
£ S	16a	Professional fund	raising fees (Part IX, column (A), line 11e)			0	0
Expenses	b 7	otal fundraising exp	penses (Part IX, column (D), line 25) ▶0				
Œ.	17 (	Other expenses (	Part IX, column (A), lines 11a–11d, 11f–24e)		26,104	,679	30,901,161
	18	Total expenses A	dd lines 13-17 (must equal Part IX, column (A), line 25)		45,901	,270	53,408,886
	19	Revenue less exp	enses Subtract line 18 from line 12		11,760	,086	13,793,892
Fund Balances				Begi	nning of Current	Year	End of Year
35.0	20 -	Total assets (Part	X, line 16)		1,397,839	,440	1,500,189,519
2 2	21 -	Total liabilities (Pa	art X, line 26)		1,231,061	,223	1,321,435,216
212	22	Net assets or fund	d balances Subtract line 21 from line 20		166,778	,217	178,754,303
Inder now	ledge a	and belief, it is tr	<b>Block</b> declare that I have examined this return, including accompanying subjects that I have examined this return, including accompanying subjects.				
ny k	nowled	ige					
		*****			2017-09-21		
Sign		Signature of office	ter		Date		
_							

Form	990 (2016)				Page <b>2</b>
Par	t IIII Statem	ent of Program Service Acc	omplishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission			
			O THE NEEDS OF THE MEMBERSHIP B ZATION WHICH MAINTAINS A STRONG		CIAL SERVICES OUR
2	Did the organiza	tion undertake any significant prog	gram services during the year which w	vere not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule	0		
3	Did the organiza	tion cease conducting, or make sig	nificant changes in how it conducts, a	ny program	
		e these changes on Schedule O			☐ Yes ☑ No
4	Describe the org Section 501(c)(3	janization's program service accom	plishments for each of its three larges required to report the amount of grar ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule O )			
	(Expenses \$	ıncludıng <u>c</u>	rants of \$	(Revenue \$	)
4e	Total program	service expenses ▶			

Page 3

No

No

No

No

No

Nο

Nο

No

No

No

Νo

Nο

No

Nο

No

Nο

No

Νo

No

No

Nο

Form **990** (2016)

or X as applicable

Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 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 Yes 3 Section 501(c)(3) organizations.

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

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,

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,"

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) . . . .

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

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

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, VIII, VIII, IX,

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? 

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

4 5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

29

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . 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," 23 

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

**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)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

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

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

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)

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of 24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Form 990 (2016)

Yes

Nο

Nο

Nο

No

Nο

Νo

Νo

Nο

No

Nο

Nο

Nο

Nο

Nο

Page 4

orm	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			
_	5 · · · · · · · · · · · · · · · · · · ·		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 19,473  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Effect the number of Forms W 26 included in line 14 Effect of it not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 <sub>b</sub>	Yes	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	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).			
	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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
1	Section 501(c)(12) organizations. Enter			
а	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?	1 12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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			✓
Se	ction	A. Governing Body and Management			
1a	Enter	the number of voting members of the governing body at the end of the tax year 7		Yes	No
	body,	ere 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
5	Did th	ne organization become aware during the year of a significant diversion of the organization's assets?	5		No No
6		ne organization have members or stockholders?	6	Yes	
7a	Did th	ne organization have members, stockholders, or other persons who had the power to elect or appoint one or more bers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or one 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?	8a	Yes	
b	Each	committee with authority to act on behalf of the governing body?	<b>8</b> b	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		
100	D.4 +h	ne organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Ye	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			INO
		pranches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	form?		11a		No
		ribe in Schedule O the process, if any, used by the organization to review this Form 990	42-	V	
		ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	confli	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts?	12b	Yes	
	Sched	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		ne organization have a written whistleblower policy?	13	Yes	
14		ne organization have a written document retention and destruction policy?	14	Yes	
15	perso	ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		organization's CEO, Executive Director, or top management official	15a	Yes	
b		r officers or key employees of the organization	15b	Yes	
		es" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	taxab	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 s with respect to such arrangements?	16b		
Se		C. Disclosure	'		
17		he States with which a copy of this Form 990 is required to be filed▶			
18	availa	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	Descr	Own website  Another's website  Upon request  Other (explain in Schedule O)  Tibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest  The and financial statements available to the public during the tax year			
20		the name, address, and telephone number of the person who possesses the organization's books and records RY BENTON 14007 NW 1ST ROAD JONESVILLE, FL 32669 (352) 335-9090			2 (2016)

(1) PRINCE HINSON

(2) MARK WALDORFF

(3) RUBEN RAMOS DIRECTOR

(5) KEITH BIRKETT

(6) PAULA WELCH DIRECTOR

(7) RUBY PUCKETT DIRECTOR

(8) JERRY W BENTON

(9) GREG L WATERS

(10) JENNIFER L HUNT

(11) JAMES L THACKREY

(12) JEFFERY A THIEMAN

(13) JILL E HARPER

GENERAL COUNSEL

FINANCIAL ADVISOR

(16) DAVID M BARBER

VP HUMAN RESOURCES

(14) GABRIEL W HAMLETT

(15) FREDERICK E HILTON

COMMERCIAL LOAN MANAGER

(17) MICHELLE A CALHOUN

SR SERVICING MANAGER

(4) JAY HUTTO DIRECTOR

DIRECTOR

CEO

CSO

CFO

сто

C00

CHAIR

VICE CHAIR

0

0

0

0

138,600

77,167

64,529

72,491

66,250

64,879

63.011

37,875

34,720

21.265

Form 990 (2016)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Part VII and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee ' • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	(c)	(D)	(E)						
Name and Title	Average	Position (do not check more	Reportable	Reportable						
	hours per	than one box, unless	compensation	compensation	ar					
	week (list	person is both an officer	from the	from related	(					
	any hours	and a director/trustee)	organization	organizations						
	for related		(W- 2/1099-	(W- 2/1099-	or					

Name and Title	Average	Position (d	lo not check more	Reportable	Reportable
	hours per	than o	ne box, unless	compensation	compensation
	week (list	person is	s both an officer	from the	from related
	any hours	and a d	rector/trustee)	organization	organizations
	for related	o = T		(W- 2/1099-	(W- 2/1099-
	organizations	현료 ㅋ	粪咳 [호급] 항	MISC)	MISC)
	below dotted	Hara Statu			
	l line)	東皇  夏	마을 다하다운 학교회		

2.50

2 50

2 50

2 50

2 50

2 50

2.50

40 00

40 00

40.00

40 00

40 00

40.00

40 00

40 00

40 00

40 00

Х

Х

Χ

Х

Х

Х

Х

Х

Х

Х

Х

Х

Х

(A)	(B)			(C)		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours	tha perso	n on on is	e box, both a	neck mor unless n officer rustee)	compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee Officer	Highest compensated employee	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations

0

0

n

0

505,874

649,796

243,810

220,554

255,231

215,025

190.997

196,805

160,429

124,688

0

0

0

0

Name and Title

Average

hours per

Part VII

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

Estimated

amount of other

Reportable

compensation

PENSION PLAN, ADMINISTRATIVE

CONSTRUCTION MANAGEMENT

INDIRECT LOAN PREMIUMS

BRANCH EQUIPMENT AND

MAINTENAÑCE

CORE SOFTWARE AND

MAINTENANCE

1,508,350

1,175,089

791,869

729,584

507,664

Form 990 (2016)

Page 8

		week (list			n of tor/t	ficei	and a	1	orga:	from the from relate anization (W- organization 1099-MISC) (W- 2/1099				compen from	sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1	۱۳۱-۶۶∪	150)	(W- 2/1099 MISC)	,- 	organızat relat organız	ed
	STACEY D HAYNES NESS DEVELOPMENT	40 00					×			1	130,466		0		20,187
(19) E	NESS SYSTEM MANAGER	40 00	••••				x			123,371					26,484
	Sub-Total					1			<u> </u>				T		
	Total (add lines 1b and 1c)	•					-		3,	017,046	5		0		687,458
2	Total number of individuals (including bu of reportable compensation from the orga		those li	sted	abov	/e) v	vho re	ceiv	ed mo	re tha	n \$100	,000			
														Yes	No
3	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for the latter and the la</i>	•		key ·	emp •	loye •	e, or h	nighe •	est cor	mpens	ated er	nployee on • •	3		No
4	For any individual listed on line 1a, is the organization and related organizations grandividual											ne	4	Van	
5	Did any person listed on line 1a receive of services rendered to the organization?	•				•		-	-				5	Yes	No
Se	ection B. Independent Contractors	6												ı	
1	Complete this table for your five highest from the organization Report compensat												npen	sation	
	Name and I	(A) business address									Descript	(B) ion of services		(C Comper	
DDTNI	CIDAL CINANCIAL COOLD									DENCT	ONL DI ANI	A DATABATE			500.050

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

Position (do not check more

than one box, unless person

Reportable

compensation

SCHERER CONSTRUCTION OF NORTH FLORIDA LL

compensation from the organization ▶ 45

PRINCIPAL FINANCIAL GROUP

DES MOINES, IA 503069394

CHICAGO, IL 60675

2504 NW 71ST PL GAINESVILLE, FL 32653 RATEGENIUS LOAN SERVICE INC

PO BOX 28650 AUSTIN, TX 78755 ADVANCED SYSTEMS INC

11 SW 1 STREET WILLISTON, FL 32696

75 REMITTANCE DRIVE SUITE 6962

PO BOX 9394

Part	V	••• Statement of	Revenue									rage <b>3</b>
				a respo	onse or note to any	line in th	ns Part VIII					$\square$
							<b>A)</b> evenue	e: fu	(B) ated or xempt nction	(C) Unrela busine reven	ess	(D) Revenue excluded from tax under sections
	1	La Federated campaig	ns	1a				re	venue			512-514
nts nts		<b>b</b> Membership dues		1b	<u> </u>							
irai 10 u		c Fundraising events		1c	<u> </u>							
S. G Arr		d Related organizatio		10 1d	<u> </u> 							
護屋		e Government grants (co			<u> </u>							
s, (				1e	<u> </u>							
ion		f All other contributions, and similar amounts n		1f								
but the		above  g Noncash contribution	one included									
Contributions, Giffs, Grants and Other Similar Amounts		in lines 1a-1f \$	ons included									
S S S		h Total.Add lines 1a-1	.f		•							
<u>a</u>	Г				Business	Code	_					
nu-	2	a INTEREST ON LOANS				522100	48,9	20,053	48,920	,053		
æ	ı	<b>b</b> FEES/CHARGES				522100	13,1	93,405	13,193	,405		
JC e		SECURITY SALES				523000		95,360			95,3	<del>-  </del>
Ser		d NON-MEMBER ATM FEES	5			522200 524298		75,842 38,665			75,8 38,6	<del>-  </del>
E		e MBI				324296		36,003				63
Program Service Revenue	1	<b>f</b> All other program se	rvice revenue		63.3	22 225						
Ě	ç	<b>3 Total.</b> Add lines 2a-2f	f		▶	23,325						
		Investment income (ii	-		interest, and other		3,281,474		3,281,474			
		similar amounts) . Income from investme	• • • • • • • • • • • • • • • • • • •		ond proceeds ►		-,,	1	-,,			
				-	<b>&gt;</b>							
			(ı) Rea		(II) Personal							
	6	a Gross rents										
		<b>b</b> Less rental expenses				_						
		<b>.</b>										
		c Rental income or (loss)										
		d Net rental income o	r (loss)			1						
			(ı) Securit		(II) Other							
	7	a Gross amount from sales of assets other than inventory	22,6	514,171	9,712,893							
		b Less cost or other basis and sales expenses		9,577,673								
		C Gain or (loss)	1	.38,396	135,220	]						
		<b>d</b> Net gain or (loss) .			<b></b>		273,616	5	273,616			
Other Revenue	8	a Gross income from fi (not including \$ contributions reporte See Part IV, line 18	ed on line 1c)	of								
Re		<b>b</b> Less direct expense		b								
her		c Net income or (loss)			ents 🕨	1		1				
o	9	a Gross income from g See Part IV, line 19		es								
				а								
		<b>b</b> Less direct expense		b								
		c Net income or (loss)		activit	les	1						
	10	DaGross sales of invent returns and allowand	ces	a								
		<b>b</b> Less cost of goods s	sold	b								
		Net income or (loss)		invent								
	1	Miscellaneous  1aOTHER INCOME	Revenue		Business Code 522100		811,002	,	811,002			
							·		·			
		<b>b</b> GAIN ON ASSET DIS	SPOSITION		522100		513,361		513,361			
		c										
		d All other revenue .						1				
		<b>e Total.</b> Add lines 11a	-11d				1,324,363					
	1	<b>2 Total revenue.</b> See	Instructions								205 :	
					<u> </u>	1	67,202,778	3	66,992,911		209,867	0 Form <b>990</b> (2016)

Form 990 (2016) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) lacksquareCheck if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (A) (D) Program service Management and Total expenses Fundraisingexpenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses 345,376 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 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 2.828.214 Compensation of current officers, directors, trustees, and key employees . 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 14,272,407

8 Pension plan accruals and contributions (include section 401

10 Payroll taxes . . .

**b** Legal .

**c** Accounting

11 Fees for services (non-employees) a Management . . .

**d** Lobbying . . . . . . .

f Investment management fees .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

16 Occupancy . **17** Travel .

**20** Interest . . .

23 Insurance .

21 Payments to affiliates . . .

expenses on Schedule O ) a PROVISION FOR LOAN LOSS

c ATM SHARED BRANCHING FE

d DEBIT CARD SERVICES

e All other expenses

**b** LOAN SERVICING

22 Depreciation, depletion, and amortization

14 Information technology

e Professional fundraising services See Part IV, line 17

18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings

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

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ If following SOP 98-2 (ASC 958-720)

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

(k) and 403(b) employer contributions) . .

**9** Other employee benefits .

1,615,311 2,245,925

1,200,492

12,664

221,413

126,956

435,237

1,181,156

4,930,175

2,323,836

7,826,841

2,134,997

5.300.000

3.018.387

1,091,141

964,922

833,264 53,408,886

178,002

322,170

Form 990 (2016)

		(A) Beginning of year		( <b>B</b> ) End of year
1	Cash-non-interest-bearing	58,684,306	1	63,350,804
2	Savings and temporary cash investments	24,919,027	2	30,269,066
3	Pledges and grants receivable, net		3	

2	Savings and temporary cash investments	24,919,027	2	30,269,0
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	3,548,810	4	4,041,2
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

10a

10b

Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other

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 .

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

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

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Assets Notes and loans receivable, net . . . 1.038.733.168 1.174.690.582 Inventories for sale or use .

67,334,761

22,643,510

5.171.877

44,509,299

190.860.087

17.671.497

13,741,369

50,983,253

1,397,839,440

1.180.077.970

1,231,061,223

166,778,217

166,778,217

1,397,839,440

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

3,094,345

44,691,251

153.164.022

13.005.649

13.882.572

52,063,203

1,500,189,519

1.269.372.013

1,321,435,216

178,754,303

178,754,303

1.500.189.519

Form **990** (2016)

Yes

Nο

Form 990 (2016)

2c

3a

3b

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

Audit Act and OMB Circular A-133?

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: Software Version:

INCOME FROM THE CREDIT UNION MEMBERSHIP AND INVESTMENT OF MEMBERS' FUNDS PROVIDE THE FOUNDATION FROM WHICH THE ORGANIZATION CAN FUNCTION

**EIN:** 59-0637646

Name: CAMPUS USA CREDIT UNION

Form 990 (2016)

Form 990, Part III, Line 4a:

AND PROVIDE SERVICES TO ITS RESTRICTED MEMBERSHIP

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

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

Section 527 organizations Complete Part I-A only

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93493264008207

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

www.irs.qov/form990.

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

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

• S • S If the (Pro:	Section 501(c)(3) organizations that Section 501(c)(3) organizations that		er section 501(h))  Co n under section 501(h	omplete Pa ı)) Comple	rt II-A Do not te Part II-B Do	comp o not	olete Part II-E complete Pa	art II-A
	ne of the organization	cations complete ratt in			Employer ide	entif	ication num	nber
CAN	IPUS USA CREDIT UNION							
Do.	+ T. A. Complete if the organ	nization is exempt under sec	tion E01(c) or ic	2 sostio	59-0637646	.i	tion	
-61	t I-A Complete if the organ	mzation is exempt under sec	ction sor(c) or is	a section	11 527 Organ	IIZa	tion.	
1 2	Political expenditures	ızatıon's dırect and ındırect political	campaign activities ii	n Part IV	•	\$_		3,500
3	Volunteer hours							
Par	-	nization is exempt under sec						
1	Enter the amount of any excise ta	ix incurred by the organization unde	er section 4955		<b>&gt;</b>	\$_		
2	Enter the amount of any excise ta	ix incurred by organization managei	s under section 4955		<b>&gt;</b>	\$_		
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 i	or this year?				☐ Yes	□ No
4a	Was a correction made?						☐ Yes	□ No
b	If "Yes," describe in Part IV							
Par	t I-C Complete if the organ	nization is exempt under sec	tion 501(c), exc	ept section	on 501(c)(3	3).		
1	Enter the amount directly expende	ed by the filing organization for sect	ion 527 exempt func	tion activiti	es 🕨	\$_		
2	Enter the amount of the filing organization activities	anization's funds contributed to other	er organizations for se	ection 527	exempt <b>&gt;</b>	\$_		3,500
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here an	d on Form 1120-POL,	line 17b	<b>&gt;</b>	\$_		3,500
4	Did the filing organization fileForm	n 1120-POL for this year?					✓ Yes	□ No
5	organization made payments For of political contributions received fund or a political action committe	employer identification number (EIN each organization listed, enter the that were promptly and directly deli ee (PAC) If additional space is need	amount paid from the vered to a separate p ed, provide informati	e filing orga political orga on in Part I	nization's fund anization, such V	ds Al	so enter the a separate se	egregated
	(a) Name	(b) Address	(c) EIN	filing o	ount paid from irganization's If none, enter -0-		(e) Amount of contributions and promp directly delived separate proganization enter	received only and vered to a political only.
	RIDA CREDIT UNION POLITICAL ACTION MITTEE	3692 COOLIDGE COURT TALLAHASSEE, FL 32311			3,50	0		
2								
3								
4								
5								
6								
For P	aperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-	EZ. Cat	No 500845	Schedule (	: (For	m 990 or 990	D-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

**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.

2016

DLN: 93493264008207 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

	me of the organization IPUS USA CREDIT UNION			Employer identi	tication numb	ber
				59-0637646		
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answere			ds or Accounts.		
		(a) Donor advised t	unds	(b)Funds and ot	her accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			or advised	☐ Yes	□ <b>N</b> o
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?				☐ Yes	□ <b>N</b> o
Pa	rt II Conservation Easements. Complet	e if the organization an	swered "Yes" on	Form 990, Part IV, lır	ne 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all th	at apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	☐ Preservation o	of an historically importa	int land area	
	Protection of natural habitat		☐ Preservation o	of a certified historic stru	ıcture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation	on contribution in th	e form of a conservation	1	
	easement on the last day of the tax year				ne End of the	Year
a	Total number of conservation easements	L		2a		
b	Total acreage restricted by conservation easement		(-)	2b		
C	Number of conservation easements on a certified		, ,	2c		
d	Number of conservation easements included in (c) structure listed in the National Register	acquired after 8/1//06, a	nd not on a historic	2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extingu	ished, or terminated	d by the organization du	ring the	
4	Number of states where property subject to conse	ervation easement is locate	ed <b>&gt;</b>	_		
5	Does the organization have a written policy regard and enforcement of the conservation easements i	ding the periodic monitorir t holds?	ng, inspection, handl	_	Yes 🗆 I	No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of vio	lations, and enforcir	ng conservation easeme	nts during the	year
7	Amount of expenses incurred in monitoring, insper  ▶ \$	ecting, handling of violation	ns, and enforcing co	nservation easements d	uring the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the re	equirements of section	on 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?				Yes 🗌 l	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the orga			es	
Par	Organizations Maintaining Collect Complete if the organization answere			Other Similar Asse	ts.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it:	eld for public exhibition, ed	lucation, or research	n in furtherance of public		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held fo following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
<b>(</b> i	i)Assets included in Form 990, Part X			<b>&gt;</b> \$		
2	If the organization received or held works of art, I following amounts required to be reported under			financial gain, provide t	:he	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>&gt;</b> \$		
orl	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat	No 52283D Schedu	le D (Form 9	90) 20:

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

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

 ${f d}$  Equipment .

 ${f e}$  Other .

Page 2

Par	t IIII	Organizations Ma	aintaining Collection	ns of Art, F	listori	cal Tr	easu	res, or Othe	er Similar A	ssets (c	ontınued)	
3		ng the organization's acq ns (check all that apply)	uisition, accession, and c	ther records,	check a	any of	the fol	llowing that are	e a significant	use of its	collection	
а		Public exhibition			d		Loan	or exchange p	rograms			
b		Scholarly research			e		Other	-				
С		Preservation for future	e generations									
4		vide a description of the six XIII	organization's collections	and explain	how the	y furth	er the	e organization's	exempt purp	ose in		
5			anization solicit or receiv nds rather than to be ma							☐ Yes	. I	lo
Pai	rt IV	Fectow and Cust	odial Arrangements	•								
			ganization answered "		m 990	, Part	IV, lır	ne 9, or repo	rted an amo	unt on F	orm 990,	Part 
1a		ne organization an agent uded on Form 990, Part I	t, trustee, custodian or of X?	her intermed	ıary for	contril	outions	s or other asse	ts not	☐ Yes	s 🗆 N	lo
ь	If "Y	es." explain the arrange	ement in Part XIII and co	mplete the fo	llowina	table				Amount		_
c		inning balance		piece che le				1c				_
d	_	itions during the year						1d				_
е		ributions during the year	r					1e				_
f		ing balance						1f				
2a	Did '	the organization include	an amount on Form 990	, Part X, line	21, for	escrow	or cus	stodial account	: liability?	☐ Yes	s 🗆 N	_ lo
ь	τε "∨	os " ovalain the arrange	ement in Part XIII    Check	hara if the a	volonoti	on hac	haan	provided in Da	+ VIII			10
	rt V		<b>ds.</b> Complete if the or								. Ц	
		Lindowinicht i dire	· · · · · · · · · · · · · · · · · · ·	urrent year		rior year		(c)Two years bac			(e)Four yea	rs back
1a	Begin	ning of year balance .										
b	Contr	ibutions										
c	Net in	nvestment earnings, gair	ns, and losses									
d	Grant	s or scholarships										
е		expenditures for facilitien	es									
f	Admır	nistrative expenses .										
g	End o	of year balance										
2	Prov	vide the estimated percei	ntage of the current year	end balance	(line 1	g, colur	nn (a)	) held as	•	•		
а	Boai	rd designated or quasi-e	endowment ▶									
b	Pern	manent endowment 🕨										
С	Tem	porarily restricted endov	wment <b>&gt;</b>									
	The	percentages on lines 2a	, 2b, and 2c should equa	100%								
3a		there endowment funds anization by	not in the possession of	the organizat	ion that	are h	eld and	d administered	for the		Yes	No
	(i) t	unrelated organizations				•					(i)	
		related organizations									(ii)	
		, ,,	lated organizations listed							3	b	<u> </u>
4 •251	Desc rt VI		ended uses of the organiz	cation's endov	wment f	unds						
·	T V L		and Equipment. ganization answered '	Yes' on Forr	n 990,	Part 1	V, lın	e 11a. See F	orm 990, Pa	rt X, line	10.	
	Desc	ription of property	(a) Cost or other basis (investment)	(b)Cost			· ·	(c)Accumulate		<del> </del>	<b>d)</b> Book valu	e
1a	Land					12,35	1,972			<del> </del>	1.	2,351,972
	Buildi						9,103		9,888,683	1		8,730,420
		-								1		

2,734,248

13,032,218

597,220

1,078,078

2,466,163

44,691,251

64,618

1,656,170

10,566,055

532,602

	Town 990) 2016		h. a.a. a.a		000 Part IV	Page 3
Part VII	Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	ganıza	(b)Book value	(	c)Method of valuator end-of-year mark	ion
(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	<b>Investments—Program Related.</b> Complete if the conservation See Form 990, Part X, line 13.	rganız	ation ans	wered 'Yes' on	Form 990, Part I	V, line 11c.
	(a) Description of investment	<b>(b)</b> B	ook value		c) Method of valuat or end-of-year mark	
(1)					,, , , , , , , , , , , , , , , , , , ,	
(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 For	m 990, Pa	rt IV, line 11d Se	e Form 990, Part X	, line 15 <b>(b)</b> Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part X	mn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answe	· ered 'Y	es' on Fo	 rm 990, Part IV	▶   , line 11e or 11f.	
1.	See Form 990, Part X, line 25.  (a) Description of liability		<b>(b)</b> Bo	ook value		
(1) Federal II						
SHARE DRAF	тѕ			194,536,691		
SHARE AND	EQUIVALENTS			482,518,406		
MONEY MAR	KET ACCOUNTS			171,215,659		
IRA SHARES				41,371,877		
SHARE AND	IRA CERTIFICATES			379,729,380		
(7)		+				
(8)		+				
(9)		+				
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>		1,269,372,013		
	or uncertain tax positions In Part XIII, provide the text of the				cial statements that	_
	or uncertain tax positions In Part XIII, provide the text of the same state of the s		e to the or	ganızatıon's fınand	te has been provide	

Add lines 4a and 4b . .

Donated services and use of facilities .

Prior year adjustments . .

Other (Describe in Part XIII ) .

Add lines 2a through 2d .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Subtract line 2e from line 1 .

Other losses .

Part XI

5

1

2

а b

d

e 3

а

b

C

Part XIII

5

4

Part XII

Schedule D (Form 990) 2016

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . 2a а

Donated services and use of facilities . 2b b 2c c Recoveries of prior year grants . . .

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

3 Subtract line 2e from line 1 .

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

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,

Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII ) . . . . . b

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

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

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

4a 4b

2a

2b 2c

2d

4b

Explanation

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per

2e

3

4c

5

3

er	Returi	

Page 4

67,202,778

67,202,778

53,408,886

53.408.886

53,408,886

Schedule D (Form 990) 2015

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**

#### Software ID:

Software Version:

**EIN:** 59-0637646

Name: CAMPUS USA CREDIT UNION

Explanation

Supplemental Information

Return Reference

THE CREDIT UNION IS EXEMPT FROM MOST FEDERAL AND STATE INCOME TAXES THE INCOME TAXES TOPI C OF THE FASB ASC CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE FIN ANCIAL STATEMENTS THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX P OSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS TAX POS ITIONS ARE EVALUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINA BILITY UPON EXAMINATION BY TAX AUTHORITIES THE CREDIT UNION IS A STATE-CHARTERED CREDIT U NION AS DEFINED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14) AS SUCH, THE CREDIT UNI ON IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES DI RECTLY RELATED TO ITS EXEMPT PURPOSES HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNREL ATED BUSINESS INCOME (UBI) DERIVED BY STATE-CHARTERED CREDIT UNIONS BEGINNING IN MARCH 20 08, THE INTERNAL REVENUE SERVICE (IRS) RELEASED TECHNICAL ADVICE MEMORANDUMS (TAMS) TO SPE CIFIC STATE-CHARTERED CREDIT UNIONS SPECIFYING THE REVENUE SOURCES SUBJECT TO UNRELATED BU SINESS INCOME TAX (UBIT) MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY PO TENTIAL FEDERAL OR STATE INCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS ADDITIONALLY, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYIN G CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS CURRENTLY, THE 201 5, 2014, AND 2013 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS THE INCOME TAXES THAN THE YEARS OPEN FOR EXAMINATION BY THE IRS	
	C OF THE FASB ASC CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE FIN ANCIAL STATEMENTS THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX POSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS TAX POS ITIONS ARE EVALUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINA BILITY UPON EXAMINATION BY TAX AUTHORITIES THE CREDIT UNION IS A STATE-CHARTERED CREDIT UNION AS DEFINED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14) AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES DI RECTLY RELATED TO ITS EXEMPT PURPOSES HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNREL ATED BUSINESS INCOME (UBI) DERIVED BY STATE-CHARTERED CREDIT UNIONS BEGINNING IN MARCH 20 08, THE INTERNAL REVENUE SERVICE (IRS) RELEASED TECHNICAL ADVICE MEMORANDUMS (TAMS) TO SPE CIFIC STATE-CHARTERED CREDIT UNIONS SPECIFYING THE REVENUE SOURCES SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT) MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE INCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NOUNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS ADDITIONALLY, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS CURRENTLY, THE 2015, 2014, AND 2013 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS THE FILL NG YEARS OPEN FOR EXAMINATION BY THE STATE, IF APPLICABLE, MAY BE EQUAL TO, GREATER THAN O

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493264008207
Schedule I (Form 990)  Department of the Treasury Internal Revenue Service	Co	Governments mplete if the organiza	Other Assistand and Individuals ation answered "Yes," o  Attach to Form le I (Form 990) and its	s in the United on Form 990, Part IV 990.	d States , line 21 or 22.		OMB No 1545-0047  2016  Open to Public Inspection
Name of the organization						Employer ident	ification number
CAMPUS USA CREDIT UNION						59-0637646	
Part I General Inform	nation on Grants	and Assistance				•	
Does the organization ma the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	ganızatıon's procedur	es for monitoring the us	se of grant funds in the Ur	ited States			
		lestic Organizations a can be duplicated if add		nts. Complete if the or	ganızatıon answered "Yes"	on Form 990, Part IV, I	ine 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		=					8
For Paperwork Reduction Act Note				Cat No 50055			Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page <b>2</b>
	ince to Domestic Individu fadditional space is needed	als. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Info	rmation. Provide the inf	formation required in	Part I, line 2, Part III	, column (b), and any other a	idditional information.
Return Reference Exp	olanation	-			

Schedule I (Form 990) 2016

#### **Additional Data**

NETWORK

PO BOX 100386 GAINESVILLE, FL 32610

			-	DIT UNION			
Form 990,Schedule I, Part  (a) Name and address of organization or government	II, Grants and (b) EIN	Other Assistance to (c) IRC section If applicable	<b>Domestic Organiza</b> (d) Amount of cash grant	tions and Domest (e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1831 NW 13 STREET GAINESVILLE, FL 32609	13-1846366	501(C)(3)	14,628				CHARITABLE CONTRIBUTION
CHILDREN'S MIRACLE	59-1943502	501(C)(3)	201,779				CHARITABLE

CONTRIBUTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CF FOUNDATION 59-6139037 501(C)(3) 50.000 CHARITABLE CONTRIBUTION

PO BOX 864790
OCALA, FL 34474

AM HEART
10460 ROOSEVELT BLVD N
306

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST PETERSBURG, FL 33716

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance FLDERCARE OF ALACHUA 59-3051104 501(C)(3) 6.300 CHARITABLE COUNTY INC CONTRIBUTION 5701 NW 34 BLVD GAINESVILLE, FL 32653 CHARITABLE

UNITED WAY OF NORTH 59-0808855 501(C)(3) 43.777 CENTRAL FL CONTRIBUTION

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 864790 ORLANDO, FL 32886

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 10.500 CGREATER TALLAHASSEE 59-3051104 CHARITABLE CHAMBER OF COMMERCE CONTRIBUTION 5701 NW 34TH BLVD GAINESVILLE, FL 323021639

CHARITABLE

CONTRIBUTION

6.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

59-1595970

GFAA

PO BOX 35-7007

GAINESVILLE, FL 32635

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

**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>.

**Employer identification number** 

DLN: 93493264008207

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule J (Form 990)

CAMPUS USA CREDIT UNION 59-0637646 **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 1h Yes 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 Yes 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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(1)-(D)	column(B) reported as deferred on prior Form 990
1 JERRY W BENTONCEO	(i)	414,008	82,080	9,786	117,434	21,166	644,474	0
	(ii)	0	0	0	0	0	0	0
2 GREG L WATERSCSO	(i)	289,190	37,000	323,606	60,083	17,084	726,963	0
	(ii)	0	0	0	0	0	0	0
3 JENNIFER L HUNTCFO	(i)	204,295	37,000	2,515	49,836	14,693	308,339	0
	(ii)	0	0	0	0	0	0	0
4 JAMES L THACKREYCTO	(i)	174,442	37,000	9,112	55,993	16,498	293,045	0
	(ii)	0	0	0	0	0	0	0
5 JEFFERY A THIEMANCOO	(i)	216,884	37,000	1,347	46,994	19,256	321,481	0
	(ii)	0	0	0	0	0	0	0
6 JILL E HARPER VP HUMAN RESOURCES	(i)	174,371	37,000	3,654	55,497	9,382	279,904	0
VI HOTIMU RESOURCES	(ii)	0	0	0	0	0	0	0
<b>7</b> GABRIEL W HAMLETT GENERAL COUNSEL	(i)	151,791	37,000	2,206	43,784	19,227	254,008	0
	(ii)	0	0	0	0	0	0	0
8 FREDERICK E HILTON FINANCIAL ADVISOR	(i)	154,292	40,475	2,038	18,739	19,136	234,680	0
THE THE TIE TO TEST	(ii)	0	0	0	0	0	0	0
9 DAVID M BARBER COMMERCIAL LOAN	(i)	126,467	32,508	1,454	15,945	18,775	195,149	0
MANAGER	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2015	Page <b>3</b>
Part III Supplemental Infor	mation
Provide the information, explanation, o	r 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
4	
Return Reference	Explanation

Schedule J (Form 990) 2015

#### Software ID: Software Version:

**EIN:** 59-0637646

Name: CAMPUS USA CREDIT UNION

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

(A) Name and Title	Co	<b>(i)</b> Base ompensation	W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1JERRY W BENTONCEO	(1)	414,008	82,080	9,786	117,434	21,166	644,474	0
	(11)	0	0	0	0	- 0		0
1GREG L WATERSCSO	(1)	289,190	37,000	323,606	60,083	17,084	726,963	0
	(11)	0	0	0	0	-		0
2JENNIFER L HUNTCFO	(1)	204,295	37,000	2,515	49,836	14,693	308,339	0
	(11)	0	0	0	0	-	- 0	0
3JAMES L THACKREYCTO	(1)	174,442	37,000	9,112	55,993	16,498	293,045	0
	(11)	0	0	0	0	-		0
4JEFFERY A THIEMANCOO	(1)	216,884	37,000	1,347	46,994	19,256	321,481	0
	(11)	0	0	0	0	-	_ _ 0	0
<b>5</b> JILL E HARPER VP HUMAN RESOURCES	(1)	174,371	37,000	3,654	55,497	9,382	279,904	0
	(11)	0	0	0	0	- 0		0
6GABRIEL W HAMLETT GENERAL COUNSEL	(1)	151,791	37,000	2,206	43,784	19,227	254,008	0
	(11)	0	0	0	0	-		0
<b>7</b> FREDERICK E HILTON FINANCIAL ADVISOR	(1)	154,292	40,475	2,038	18,739	19,136	234,680	0
	(11)	0	0	0	0	-		0
8 DAVID M BARBER COMMERCIAL LOAN	(1)	126,467	32,508	1,454	15,945	18,775	195,149	0
MANAGER	(11)	0	0	0	0	- 0	- 0	0

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN	l: 9349326400820 <b>7</b>
SCHEDULE O		Supplemental Information to Form 990 or 990-E		90-F7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	· 990-	Complete to provide information for responses to specific questing 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 instruwww.irs.gov/form990.			ions on on.	2016 Open to Public Inspection
Internal Revenue Se Name of the org CAMPUS USA CREI					Employer iden 59-0637646	tification number
990 Schedul	e O, Supp	olemental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE ORG	GANIZATION HAS MEMBE	ERS			

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND RE
PART VI,	MOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE A
SECTION A,	PPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR
LINE 7B	

Return Explanation
Reference

FORM 990,	THE CFO IS RESPONSIBLE FOR THE PREPARATION OF THE RETURN AND USES THE CPA FIRM TO HELP COM
PART VI,	PLETE THE FINANCIAL ASPECT OF THE RETURN THE RETURN IS PRESENTED TO THE CREDIT VP OR HR,
SECTION B,	VP OF OPERATIONS AND TO THE PRESIDENT/CEO ONCE ALL HAVE COMPLETED THEIR REVIEW AND ANY CO
LINE 11B	RRECTIONS ARE COMPLETED, THE RETURN IS FILED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY GOVERNS THE ACTIONS OF DIRECTORS, AUDIT COMMITTEE MEMBERS, ANY OTHER UNPAID MEMBER VOLUNTEERS AND ALL SENIOR MANAGERS OF THE CREDIT UNION THE POLIC Y, WHICH IS EXPLICIT IN DETAILING ACTIONS CONSIDERED TO BE CONFLICTS OF INTEREST, IS REVIE WED WITH THE COVERED INDIVIDUALS ANNUALLY IN ADDITION, EACH COVERED INDIVIDUAL IS ANNUALL Y REQUIRED TO COMPLETE AND SIGN A STATEMENT DETAILING ANY POTENTIAL CONFLICTS OF INTEREST OR ANY ACTIONS TAKEN THAT FALL UNDER THE CONFLICT OF INTEREST POLICY THESE STATEMENTS ARE REQUIRED TO BE SUBMITTED TO THE AUDIT COMMITTEE CHAIR WHO MAKES A FORMAL REPORT TO THE BO ARD OF DIRECTORS COVERED INDIVIDUALS ARE INSTRUCTED TO DISCUSS ANY POTENTIAL CONFLICTS WI TH THE PRESIDENT/CEO OR THE COMPLIANCE OFFICER BEFORE ENTERING INTO ANY ARRANGEMENT THAT C OULD BE A POTENTIAL CONFLICT THE AUDIT COMMITTEE CHAIR MUST GIVE WRITTEN APPROVAL ON A CA SE-BY-CASE BASIS ANY POTENTIAL CONFLICT INVOLVING THE AUDIT COMMITTEE CHAIR REQUIRES WRIT TEN APPROVAL BY THE BOARD OF DIRECTORS CHAIR THE CREDIT UNION HAS ALWAYS MAINTAINED THE P OLICY THAT ANY INDIVIDUAL WITH A POTENTIAL CONFLICT OF INTEREST IS PROHIBITED FROM PARTICI PATING IN DELIBERATIONS AND DECISIONS PERTAINING TO THE SUBJECT MATTER IN QUESTION

# 990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	THE REVIEW OF THE CEO'S COMPENSATION IS DONE ANNUALLY BY THE BOARD OF DIRECTORS (BOD) THE
PART VI,	BOD USES AN EXECUTIVE COMPENSATION SURVEY FROM AN INDEPENDENT THIRD PARTY AND EACH MEMBER
SECTION B,	DOES AN INDIVIDUAL REVIEW TO DETERMINE THE CEO'S COMPENSATION FOR ALL OTHER SENIOR MANAG
LINE 15	EMENT, THE CEO USES AN EXECUTIVE COMPENSATION SURVEY FROM AN INDEPENDENT THIRD PARTY AS WE

LL AS AN INTERNAL DEPENDENT SALARY ADMINISTRATION SYSTEM TO DETERMINE THEIR COMPENSATION

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC CONFLICT OF INTEREST POLICY IS N
PART VI, OT MADE AVAILABLE TO THE PUBLIC THE CREDIT UNION'S FINANCIAL STATEMENTS ARE AVAILABLE FOR
SECTION C, PUBLIC VIEWING ON WWW NCUA GOV VIA THE QUARTERLY 5300 FILING
LINE 19

Return Explanation
Reference

FORM 990,	EDUCATION 323,527 MISCELLANEOUS 280,474 NEGATIVE SHARES COURTESY PAY 81,200 PRINTING AN
PART IX,	D PUBLICATIONS 67,944 AUTOMOBILE EXPENSES 46,396 NCUA INSURANCE PREMIUM ASSESSMENT 33,72
LINE 24E	3

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation

Reference	
FORM 990,	THERE WERE NO CHANGES IN THE PROCESS OF THE COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE O
PART XII,	VERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR
LINE 2C	