

# 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



DLN: 93493318082227 Form **990** 

**Return of Organization Exempt From Income Tax** 

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

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 Inspection

			<del> </del>							
			alendar year, or tax year beging C Name of organization	ining 01-01-2016 , and endi	ng 12-31	1-2016	D Employ	or identif	ication number	
	ck if ap dress cl	plicable hange	Premier Members Credit Union						ication number	
	me cha	-					84-0500 —	0890		
□ Ini Fin	tial retu al	urn	Doing business as							
⊡etur	n/term		Number and street (or P O box if m	ail is not delivered to street address)	Room/sui	te	E Telephon	ne number		
	ended	return n pending	5505 Arapahoe Avenue	·			(303) 6	57-7000		
⊔ Ар	piicatio	n penaing	City or town, state or province, cou	ntry, and ZIP or foreign postal code						
			Boulder, CO 80303				<b>G</b> Gross re	ceipts \$ 4	4,987,938	
			F Name and address of principal Mark Wiete	l officer		H(a) Is t	his a group re	turn for		
			5505 Arapahoe Ave				ordinates?		□Yes 🗹 No	
			Boulder, CO 80303				all subordinat uded?	es	☐ Yes ☐No	
Tax	k-exem	pt status	☐ 501(c)(3) <b>☑</b> 501(c)(14)	<b>(</b> (insert no ) ☐ 4947(a)(1) or	□ 527		No," attach a l		•	
W	ebsite	e: Nw	w pmcu org			H(c) Gro	up exemption	number	<b>&gt;</b>	
						I Voor of for	mation 1950	M State	of legal domicile CO	
<b>C</b> Forn	n of org	ganızatıon	Corporation Trust Asso	ciation U Other >		L real of for	iliation 1950	M State	or legal doffliche CO	
Pa	rt I	Sum	marv							
	<b>1</b> B	riefly des	scribe the organization's mission o							
21			e thrift and provide lower cost cre on shares and to make loans fron		union by	affording t	hem the oppo	rtunity to	o accumulate	
<u> </u>	=	ayments	on shares and to make loans nor	T triese shares to its members						
<u> </u>	_									
) ^		Charle the	s box ▶ ☐ If the organization dis	scontinued its apparations or dispe	and of m	ara than 3	50/ of its not a	coots		
5			of voting members of the governing					3	15	
ACUVIUES & GOVERNANCE	l		of independent voting members of					4	15	
	5 -	Total nun	nber of individuals employed in ca	lendar year 2016 (Part V, line 2a	)		•	5	313	
5	6 -	Total nun	nber of volunteers (estimate if ne	cessary)				6	22	
₹	7a -	Total unr	elated business revenue from Par	: VIII, column (C), line 12				7a	23,233	
	l d	Net unrel	ated business taxable income froi	n Form 990-T, line 34			•	7b	-10,707	
						ı	Prior Year		Current Year	
<u>Qı</u>	8 (	Contribut	ions and grants (Part VIII, line 1h			0				
Ravenua	9 1	Program	service revenue (Part VIII, line 2g		30,289,8	317	42,582,211			
RÿV	10 I	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d )			1,767,2	259	2,093,594	
	l		enue (Part VIII, column (A), lines	•			12,0		23,233	
			enue—add lines 8 through 11 (mu		•		32,069,:	_	44,699,038	
	l		nd similar amounts paid (Part IX,	* **	ı			0	0	
	l	•	paid to or for members (Part IX, c				44.200	0	17.120.167	
S 65		-	other compensation, employee be	, , , , , , , , , , , , , , , , , , , ,	•		11,399,0	_	17,139,467	
Expenses			nal fundraising fees (Part IX, colu	, ,,	•			0	0	
Ä			aising expenses (Part IX, column (D), l penses (Part IX, column (A), lines	·			19 170 (	274	19,304,326	
	l		enses Add lines 13-17 (must equ	•	•					
	l	•	less expenses Subtract line 18 fr				2,499,:		36,443,793 8,255,245	
x o			TOO CAPETION DUBLICACE THIS IS IT			Beginnı	ng of Current Y		End of Year	
Net Assets of Fund Balances										
Bal	20 -	Total ass	ets (Part X, line 16)		•		874,762,6	587	926,220,200	
2 2	l		ılıtıes (Part X, line 26)				773,834,	542	817,328,910	
کنت	22	Net asset -	s or fund balances Subtract line	21 from line 20	ı		100,928,:	145	108,891,290	
	t II		<b>ature Block</b> erjury, I declare that I have exam	and this return, including accom	nanwing	sebodulos :	and statements	s and to	the best of my	
			f, it is true, correct, and complete							
iny k	nowle	dge								
		*****	к			2	017-11-09			
Sign		Signati	ure of officer				Date			
lere	:		liete Chief Financial Officer							
			r print name and title							
_	_		rınt/Type preparer's name heıla M Balzer	Preparer's signature Sheila M Balzer	D	ate		PTIN P0096795	<del></del> 7	
Paid		_		elf-employed						
_	oare	'  -	ırm's name ► Holben Hay Lake Balze ırm's address ► 1777 S Harrıson Street				Firm's EIN > 84- Phone no (303)			
Jse	Onl	<b>'</b>	Denver, CO 80210	-		[	(303)	. 35 2121		
4	L . ID .	<u> </u>	this return with the preparer sho						res 🗆 No	

Cat No 11282Y

Form **990** (2016)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2016)				Page <b>2</b>
Par	t IIII Stateme	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 t	the organization's mission			
		provide lower cost credit to the me from these shares to its members	mbers of the credit union by affording	them the opportunity to accur	nulate payments on
2	Did the organizat	tion undertake any significant prog	ram services during the year which w	ere not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule (	)		
3	Did the organizat	tion cease conducting, or make sig	nıfıcant changes ın how ıt conducts, a	ny program	
		these changes on Schedule O			☐ Yes ☑ No
4	Describe the org Section 501(c)(3	anization'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 (Expenses \$	services (Describe in Schedule O ) including g	rants of \$ ) (	Revenue \$	)
4e	Total program	service expenses ▶	<u> </u>		

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14h

15

16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

or X as applicable

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

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

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

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

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

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

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) . . . .

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 . . . . . . . . . . . . .

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 🛸 . . . . . . . . . . .

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,"

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,

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?

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

Page 3

No

No

No

No

No No Nο

Nο

No

No

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No

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No

Nο

No

Νo

No

No

Νo

Form **990** (2016)

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33

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

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?

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

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

c 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 19? Note.

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

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

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

24a

24b

24c

24d

25a

25b

26

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28a

28b

28c

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35a

35b

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Yes

Form 990 (2016)

Yes

No

No

No

No

No

Nο

No

Nο

Nο

Nο

Νo

Nο

No

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 16,075  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 (gambling) winnings to prize winners?	<b>1</b> c	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>L</b>	this return	2b	Yes	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
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
ь	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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
•	2. 100, to line but of boy and the organization meronin book in the first firs	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
	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 Form 8282?	<b>7</b> c		No
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
Q۶	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?	9a 9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	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 )			
_		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
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			
c	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No

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		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 15		res	
	body,	re are material differences in voting rights among members of the governing or if the governing body delegated broad authority to an executive committee or ir committee, explain in Schedule O			
b	Enter	the number of voting members included in line 1a, above, who are independent  1b 15			
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	Yes	
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
6	Did th	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 pers of the governing body?	7a	Yes	
b		ny governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ns other than the governing body?	7b	Yes	
8	Dıd th	ne organization contemporaneously document the meetings held or written actions undertaken during the year by illowing			
а	The g	overning body?	<b>8</b> a	Yes	
b	Each o	committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization'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	e Code	e.)	
				Yes	No
		ne organization have local chapters, branches, or affiliates?	10a	Yes	
b		s," did the organization have written policies and procedures governing the activities of such chapters, affiliates, ranches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has th	he organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a		No
b	Descr	ibe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did th	ne organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were conflic	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		No
14	Did th	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 ns, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The o	rganization's CEO, Executive Director, or top management official	15a	Yes	
b	Other	officers or key employees of the organization	15b	Yes	
	If "Ye	s" 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 le entity during the year?	16a		No
b	ın joir	s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation it venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements?	16b		
		C. Disclosure			
17		ne States with which a copy of this Form 990 is required to be filed▶			
18		on 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ible for public inspection. Indicate how you made these available. Check all that apply			
		Own website 🔲 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	policy	ibe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest , 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 Organization 5505 Arapahoe Avenue Boulder, CO 80303 (303) 657-7000			

compensated employees, and former such persons

(A)

Name and Title

(F)

Estimated

Form 990 (2	2016) Page <b>7</b>
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
year ● Lıst all	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee "
who receive	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) In reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the In and any related organizations
• List all o	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

organiza List 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation organization (Wany hours director/trustee) organizations from the for related 2/1099-MISC) (W- 2/1099organization and Highest compensat employee Individual trustee or director Officer Former organizations MISC) related Institutional Trustee below dotted organizations employee line) See Additional Data Table

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Part VII Section A. Officers, Direct	tors Truston	. Vov	Emn	lava		and	اء:دا	anat Ca	mnon		d Employees	/con	tinued)	Page <b>8</b>
(A)	(B)	, key	Emp	(C)		and	nıgı	l	(D)	sate	(E)	(con	(F	·
Name and Title	Average hours per week (list any hours for related	than o	one b	o not ox, u in off tor/tr	t che inles ficer rust	and a	son	Rep comp fro organi	cortable pensation om the ization ( 99-MISO	on W-	Reportable compensatio from related organizations ( 2/1099-MISO	in d (W-	Estima amount o compen from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	<b>-</b> ,		-,	2,		relat organiza	ed
See Additional Data Table														
1b Sub-Total						•						工		
c Total from continuation sheets to F d Total (add lines 1b and 1c)	' <del>-</del> '			-	•	•		2	,718,265	<u> </u>		0		238,348
Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rec	eived m	ore thar	n \$10	00,000	•		
3 Did the organization list any former line 1a? If "Yes," complete Schedule			ee, k	•	mplo	oyee,	or hı	ghest co	ompensa	ated	employee on	3	Yes	<b>No</b>
For any individual listed on line 1a, is organization and related organization individual											the	4		140
5 Did any person listed on line 1a rece services rendered to the organization									ation or	ındı	vidual for	5		No
Section B. Independent Contrac	tors													110
Complete this table for your five high from the organization. Report compe	nest compensate											mper	nsation	
Namo	(A) and business addre	255								Docor	(B) uption of services		(C Comper	
lack Henry & Associates	and business dudie	-55							Data Pr		•			,004,305
PO Box 609 Monett, MO 65708 FISERV									Data Pr	ocess	or			747,860
PO Box 99924 Grapevine, TX 76099														ŕ
247 Networks									Commu	ınıcat	on Network			442,449
7000 S Yosemite Ste 250 Englewood, CO 80112 Doctus Partner LLC									Building	g Ren	ts			363,725
4232 Wadsworth Blvd Wheat Ridge, CO 80033														•
Holst & Boettcher LLP									Legal S	ervice	<u></u>			250,604
PO Box 298 Longmont, CO 80502  Total number of independent contractors	re (including but	not lim	uted 1	-o +b	050	lictor	aba	(a) who	recent	d ma	uro than #100 0	00.24	:	

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

compensation from the organization ▶ 21

)art	VIII Statement of Revenue									rage 3
VII C	Check if Schedule O contains a	respo	onse or note to any	line in this	s Part VIII	ι				$\square$
				( <b>A</b> Total re	)	Rela ex fur	(B) ated or empt action	(C) Unrelated business revenue	.	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a				rev	/enue			512-514
ons, Gifts, Grants Similar Amounts	<b>b</b> Membership dues	1b	<u>                                       </u>							
ira 10u	c Fundraising events	1c	<u> </u>							
S. C	d Related organizations	1d	<u> </u>							
19 HE	e Government grants (contributions)	1e	<u> </u>							
<u>ي</u> ج	<b>f</b> All other contributions, gifts, grants,	16	<u>                                     </u>							
tio: S. S.	and similar amounts not included above	1f								
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions included in lines 1a-1f \$									
<u>ع</u> 5	h Total.Add lines 1a-1f		•							
<u> </u>	Γ		Business	Code						
หม	2a Interest on Loans to Members			522100	29,2	262,119	29,26	2,119		
Service Revenue	<b>b</b> Other Income			522100		265,824	· · ·	5,824		
AC t	C Fees and Other Charges to Members			522100		002,340		2,340		_
Ser.	d Misc Other Operating Income			522100	2,0	051,928	2,05	1,928		
	e	_								
Program	f All other program service revenue		42.!	582,211						•
<u>~</u>	gTotal.Add lines 2a-2f	•	<u> </u>							
	3 Investment income (including divide similar amounts)		interest, and other	.	2,016,899	9				2,016,899
	4 Income from investment of tax-exe		ond proceeds							
	<b>5</b> Royalties			•						
	(ı) Real		(II) Personal							
	6a Gross rents									
	<b>b</b> Less rental expenses									
	c Rental income or (loss)									
	<b>d</b> Net rental income or (loss)		· · · •	_						
	(ı) Securit	ies	(II) Other							
	7a Gross amount from sales of		365,59	5						
	assets other than inventory		000,000							
	<b>b</b> Less cost or									
	other basis and sales expenses		288,90	D						
	C Gain or (loss)		76,69	5						
	d Net gain or (loss)		<b>&gt;</b>		76,69	5	76,695			
4.	8a Gross income from fundraising ever (not including \$	ents of								
Other Revenue	contributions reported on line 1c)		J							
٠ د	See Part IV, line 18									
ά	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from fundrais	b Ing av	vents.							
the	9a Gross income from gaming activitie		ents							
ō	See Part IV, line 19		J							
		a								
	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from gaming	b activit	les .							
	10aGross sales of inventory, less	activit	ies <b>&gt;</b>	1						
	returns and allowances		ļ							
		a								
	<b>b</b> Less cost of goods sold	b								
	Net income or (loss) from sales of  Miscellaneous Revenue	inven	Business Code							
	11a <sub>Non-Member</sub> ATM Fees		52210	D	23,233	3			23,233	
	b									
	с									
	d All other revenue									
	e Total. Add lines 11a-11d		•							
	12 Total revenue. See Instructions				23,233	3				
			• • •		44,699,038	8	42,658,906		23,233	2,016,899 Form <b>990</b> (2016)
										∪      ラグザ (∠∪10)

	<b>tIX</b> Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)			
	Check if Schedule O contains a response or note to any	line in this Part IX			<u> </u>		
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraisingexpense		
	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						
	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						
	Compensation of current officers, directors, trustees, and key employees	2,056,446					
	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	11,464,554					
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	944,626					
9	Other employee benefits	1,720,451					
LO	Payroll taxes	953,390					
1	Fees for services (non-employees)						
а	Management						
b	Legal	39,807					
c	Accounting	192,818					
d	Lobbying						
e	Professional fundraising services See Part IV, line 17						
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	2,743,113					
.2	Advertising and promotion	887,935					
3	Office expenses	3,540,176					
4	Information technology						
5	Royalties						
	Occupancy	1,646,850					
8	Payments of travel or entertainment expenses for any federal, state, or local public officials						
9	Conferences, conventions, and meetings	405,272					
	Interest	1,774					
1	Payments to affiliates						
2	Depreciation, depletion, and amortization	1,350,753					
	Insurance	105,616					
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	Provision for Loan Loss	3,256,827					
b	Interest/Dividends Paid	2,007,844					
-	Account/Loan Servicing	1,927,253					
c	Goodwill Amortization E	1,079,292					
e	All other expenses	118,996					
25	Total functional expenses. Add lines 1 through 24e	36,443,793					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Form 990 (2016)

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Liabilities 22

Fund Balances

Assets or

Net

Other assets See Part IV, line 11 .

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

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 .

**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 ightharpoonup and

1	Cash-non-interest-bearing	5,342,073	1	4,890,734
2	Savings and temporary cash investments	66,975,884	2	69,641,872
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	2,374,417	5	2,761,858
6	Loans and other receivables from other disqualified persons (as defined under			

	4	Accounts receivable, net		[		4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			2,374,417	5	2,761,85
ıts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L  Notes and loans receivable, net	(c)(3)(B), and of section 501(c)(9)	589,697,069	6	681.799.13	
Assets	g	Inventories for sale or use			333,337,333	8	551,150,150
As	"			ŀ			
`	9	Prepaid expenses and deferred charges	. • •			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	26,444,869			
	ь	Less accumulated depreciation	ess accumulated depreciation 10b 12,201,283				
4	l						

s		voluntary employees' beneficiary organizations Part II of Schedule L				6	
et	7	Notes and loans receivable, net			589,697,069	7	681,799,130
SS	8	Inventories for sale or use		•		8	
⋖	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	26,444,869			
	ь	Less accumulated depreciation	10b	12,201,283	10,834,684	10c	14,243,586
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		167,488,404	12	122,658,879
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		10,073,387	14	8,994,096	

21.976.769

11,940,666

761.893.876

773,834,542

3.629.465

97,298,680

100,928,145

874,762,687

874,762,687

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22 23

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21,230,045

926,220,200

802.797.834

817,328,910

3.629.465

105,261,825

108,891,290

926.220.200

Form **990** (2016)

14,531,076

Form	990 (2016)				Page <b>12</b>
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44	,699,038
2	Total expenses (must equal Part IX, column (A), line 25)	2		36	,443,793
3	Revenue less expenses Subtract line 2 from line 1	3		8	,255,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		100	,928,145
5	Net unrealized gains (losses) on investments	5			-292,100
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B	)) 10		108	,891,290
	TXII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII			 Yes	No
1 2a	Accounting method used to prepare the Form 990	d on a	2a		No
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both	te basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		30	Vas	

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

3a

3b

Nο

Form **990** (2016)

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

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

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

### Additional Data

## Software Version:

Software ID:

**EIN:** 84-0500890 Name: Premier Members Credit Union

Form 990 (2016)

Form 990, Part III, Line 4a:

Provide a wide variety of financial products and services to members of the credit union. Over 64,000 members served

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent, Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer from related week (list from the compensation any hours organizations and a director/trustee) organization from the for related (W-2/1099-(W- 2/1099-Highest compo organization and Individual trust or director Officer Former key employee Institutional MISC) MISC) organizations related below dotted organizations line)

		Stee	กับรับษะ	Ų.	ensated			
Wayne Turnacliff	2 00	×				0	0	
Co-Chair Person		^					3	
Jim Clemmer	2 00	×				0	0	
Treasurer		,				J	,	
Ken Black	2 00	х				0	0	
Co-Secretary								

	•••••	X			1 ()	0	1
Treasurer					•		
Ken Black	2 00	Х			0	0	ſ
Co-Secretary		,,			,	,	
Wade Payne	2 00	Х			0	0	
Director							l

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Director

Director

Mark Gisi

Chair Person

Janet Beaver

Co-Treasurer

Secretary

Michael Meyers

Vice-Chair Person

Harvey A Kamionka

Joanne Tilley

Ken Black	2 00	v				0	0	
Co-Secretary		^					5	Ĭ
Wade Payne	2 00	X				0	0	0
Director		,				,	7	, and the second
Lynel Vallier	2 00	×	·		·	0	0	r

Compensated Employees, and Independent Contractors (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation amount of other compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and individua or direct Highest compensatemplovee Former Instituti MISC) organizations MISC) related below dotted employee organizations line)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

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29,994

30,926

25,943

22,973

13,511

443,989

435,311

209,196

141,962

200,141

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		al trustee tor	ional Trustee
lım Ellıs	2 00		
Director		X	

Brian Gisi

Director

Director

Director

Director

Rick Allen

Peter Jansky

Elaine Hutchings

Harvey E Kamionka

Chief Executive Officer

Chief Administrative Office

Chief Marketing Officer

Chief Operating Officer

Carlos Pacheco

CEO/President

Brian Resch

Jason Bauer

Matt Rarden

Compensated Employees, and Independent Contractors (D) (E) Name and Title Average Position (do not check more Reportable Reportable than one box, unless amount of other compensation compensation hours per week (list person is both an officer from the from related any hours and a director/trustee) organization organizations

(F)

Estimated

compensation

from the

8,408

11,215

11,495

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

	C							(111 3/4000	(14) 2 (4 000	1
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Mark Rowan Chief Information Officer	40 00			×				170,616	0	18,273
Lindsay Sandham	40 00			х				191,408	0	18,135

				ے ا			
Mark Rowan	40 00		x		170,616	0	
Chief Information Officer			, ,		21.5/020	,	
Lindsay Sandham	40 00		x		191,408	0	
Chief Lending Officer			,		151,100		
Mark Wests	40 00						

Mark Rowan Chief Information Officer	40 00		x		170,616	0	18,273
Lindsay Sandham Chief Lending Officer	40 00		×		191,408	0	18,135
Mark Wiete Chief Financial Officer	40 00		x		263,823	0	22,246
Claire Lindley VP Finance	40 00			х	154,527	0	13,487
Jessica Hoyle	40 00						

Chief Lending Officer			^		191,400		10,133
Mark Wiete	40 00		x		263,823	0	22,246
Chief Financial Officer					200,020	·	22/2 13
Claire Lindley	40 00			Х	154,527	0	13,487
VP Finance				^	131,327		13,107
Jessica Hoyle SVP Retail Delivery	40 00			x	130,279	0	11,742

Χ

Х

123,830

129,061

Claire Lindley	40 00			¥	154,527	0	1
VP Finance				^	154,527	0	1
Jessica Hoyle	40 00			Х	130,279	0	1
SVP Retail Delivery				^	130,273		_
Danielle DeCamillis	40 00			Х	124,122	0	

40 00

40 00

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VP Mortgage Operations

Steven Shrader

Chad Wilcox

VP Retail Operations

SVP Lending Operations

**SCHEDULE D** 

**Supplemental Financial Statements** 

DLN: 93493318082227 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990)

➤ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

Open to Public Inspection

	me of the organization mier Members Credit Union			Employer iden	itification num	ber
				84-0500890		
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answere			s or Accounts.		
	Complete if the organization answere	(a) Donor advised fu	·	(h)Funds and	other accounts	
1	Total number at end of year	(a) Donor advised to	inds	(b)i anas ana	other accounts	
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor funds are the organization's property, subject to t			advised	☐ Yes	 □ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	and donor advisors in writin benefit of the donor or dono	g that grant funds cor or advisor, or for any	an be other purpose	☐ Yes	□ No
Pa	rt II Conservation Easements. Complet	e if the organization ans	wered "Yes" on Fo	orm 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all tha	t apply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of	an historically impor	tant land area	
	Protection of natural habitat		Preservation of	a certified historic st	ructure:	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization be easement on the last day of the tax year	neld a qualified conservation	n contribution in the		on the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easemen	ts		2b		
C	Number of conservation easements on a certified		• •	2c		
d	Number of conservation easements included in (c) structure listed in the National Register			2d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguis	shed, or terminated l	by the organization o	luring the	
4	Number of states where property subject to conse	ervation easement is located	d ▶	_		
5	Does the organization have a written policy regar and enforcement of the conservation easements i		յ, inspection, handlir	ng of violations,	□ Yes □	No
6	Staff and volunteer hours devoted to monitoring,  •	inspecting, handling of viola	ations, and enforcing	conservation easem	nents during the	year
7	Amount of expenses incurred in monitoring, insper  ▶ \$	ecting, handling of violations	s, and enforcing cons	servation easements	during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the rec	juirements of section	n 170(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(ii)?			I	☐ Yes ☐	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 organ				
Pai	<b>*TIII</b> Organizations Maintaining Collect Complete if the organization answere			ther Similar Ass	ets.	
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, edu	ication, or research i	n furtherance of pub		of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
(	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under			nancial gain, provide	the	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		
b	Assets included in Form 990, Part X			▶ \$		
For	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat N	lo 52283D <b>Sche</b> o	Jule D (Form 9	90) 2016

 ${f d}$  Equipment . .

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

Par	t III	Organizations Ma	intaining Col	lections o	f Art, His	tori	cal T	reasu	res, or	Other	Similar A	ssets (cont	inued)
3		g the organızatıon's acqı s (check all that apply)	usition, accessioi	n, and other	records, ch	eck a	any of	the fol	llowing th	nat are a	significant i	use of its col	lection
а		Public exhibition				d		Loan	or excha	nge prog	rams		
b		Scholarly research				е		Other	r				
c		Preservation for future	generations										
4	Provi Part	ide a description of the o	organization's col	lections and	explain hov	v the	y furtl	her the	organiz	ation's ex	empt purpo	ose in	
5		ng the year, did the orga ts to be sold to raise fun									ılar	☐ Yes	□ No
Pa	rt IV	Escrow and Custon Complete if the organic X, line 21.			on Form	990	, Part	IV, lıı	ne 9, or	reporte	ed an amou		
1a		e organization an agent, ded on Form 990, Part X		an or other I	ntermediary	y for	contri	butions	s or othe	r assets i	not	☐ Yes	□ No
ь	T£ "∨.	es," explain the arrange	ment in Part VIII	and comple	te the follow	wina	table		Г		Δ	mount	
c		nning balance	ment in Fait Alli	and comple	te the follow	willig	table		-	1c		inounc	<del></del>
d	_	tions during the year								1d			<del></del>
e		ibutions during the year							-	1e			
f		= -							-	1f			
		ng balance		000 D	L. V. J	c					la deta 2		
<b>2</b> a	Dia t	the organization include	an amount on Fo	rm 990, Pan	t X, IIne 21,	ror	escrov	or cu	stodiai a	ccount lia	ibility	∐ Yes	⊔_No
Ь	If "Ye	es," explain the arrange	ment in Part XIII	Check here	If the expla	anatı	on has	been	provided	l ın Part )	KIII		
Pa	rt V	Endowment Fund	<b>is.</b> Complete ıf	the organi	zation ans	wer	ed "Y						
	_			(a)Current	year	<b>(b)</b> P	rıor yea	r	<b>(c)</b> Two ye	ars back	(d)Three year	ars back (e)	Four years back
	-	ning of year balance .											
		butions											
С	Net in	vestment earnings, gain	s, and losses										
d	Grants	s or scholarships	•										
е		expenditures for facilitie rograms	?S										
f	Admın	nistrative expenses .											
g	End of	f year balance											
2	Provi	ide the estimated percer	ntage of the curre	ent year end	balance (lır	ne 10	g, colu	mn (a)	)) held as	5		•	
а		d designated or quasi-er											
b	Perm	nanent endowment 🕨											
c	Tem	porarily restricted endow	vment ▶										
·		percentages on lines 2a,		ld equal 100	%								
За	Are t	chere endowment funds nızatıon by	•			that	t are h	eld and	d adminis	stered fo	r the		Yes No
	(i) u	inrelated organizations										3a(i)	
		related organizations .										3a(ii)	1
b		es" on 3a(II), are the rel	-					.? .				3b	
4	Desc	ribe in Part XIII the inte			n's endowm	ent f	unds						
Pa	rt VI	Land, Buildings, a Complete of the ord			on Form (	an	Par+	TV lin	ا د11ء	See For	m 990 Day	rt X line 11	n
	Descr	ription of property	(a) Cost or oth (investme	ner basis	(b)Cost or o						epreciation		ook value
12	Land						3.11	38,595					3,138,595
	Buildir							33,148			4,074,156		8,458,992
		hold improvements					-	54,660			562,229		2,431
_							_		ı		, - 1		,

10,208,466

2,643,568

14,243,586

7,564,898

(a) Description of security or category (colored colored color	Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	he organızat	ion answered 'Ye	es' on Form 990, Pa	rt IV, line 11b.
Commonweal derivatives	(a) Description of security or category	(b)Book	value		
(3)   (3)   (3)   (3)   (4)   (3)   (3)   (4)   (3)   (4)   (3)   (4)	(1)Financial derivatives			cost of cha of year	market valde
1,366,186   C	(3)Other				
(C) Available-for-sale Securities			·		
(a) Cheer Investments					
(6) Other investments (7) Other According to the Control of the Co					
(6) (7) (8) (9) (9) (12) (8) (9) (9) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19					
(6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, Line 13. (9) Bescription of investment (1) (1) (2) (3) (4) (5) (6) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 13.) (9) Bescription of investment (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 13.) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 13.) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 13.) (1) (2) (3) (4) (5) (5) (6) (7) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (1) (2) (3) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (6) (7) (8) (9) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (9) Total, Column (9) must equal Form 990, Part X, col (9) into 15.) (1) (2) (3) (4) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		3	,690,645	С	
Total Column (3) must equal form 900, Part X, col (8) line 12)   122,655,079	(F) 				
Testal. (Column (b) must equal From 900, Part X, col (b) line 12) 122,658,879  Part VIII Investments—Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part XIV, line 11c. See Form 990, Par	(G)				
	(H)				
See Form 990, Part X, Jine 13.				os' on Form 990. F	Part IV line 11c
Cast or end-of-year market value	See Form 990, Part X, line 13.				
(3) (4) (5) (6) (7) (8) (9) Total, (Column (p) must equal form 990, fort x, col (q) line (3) (1) (a) Describion (1) (3) (4) (5) (6) (7) (8) (9) Total, (Column (p) must equal form 990, fort x, col (q) line (3) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (p) must equal form 990, fort x, col (q) line (15)  Part XI Other Liabilities, Complete if the organization answered Yes' on Form 990, Part IV, line 11s or 11f. See Form 990, Part X, line 25.  1. (a) Describion of liability (b) Book value (1) Federal income taxes  Members' Share and Deposit Accounts (2) (3) (4) (5) (6) (7) (6) (7) (6) (9) (9) (9) (9) (1) Federal income taxes (9) (1) Federal income taxes (9) (1) Federal income taxes (1) Federal income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (9) (9) (1) Federal income taxes (1) Federal income taxes (2) Fermion (p) must equal form 990, fort x, col (q) line 2x ) (6) (7) (8) (9) (9) (1) Libility for uncertain tax positions: In Part XIII, provide the text of the foremore to the organizations statements that reports the		<b>(b)</b> Bo	ook value		
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Total.   Column (b) must equal form 990, Part X, col (b) line 13   (a) Description   (b) Book value	(8)				
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Members' Share and Deposit Accounts         802,797,834           (2)         (3)           (4)         (5)           (6)         (7)           (8)         (9)           Total. (Column (b) must equal Form 990, Part X, col (B) line 25)         ▶         802,797,834           2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	<del></del>		(b) Book value		
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)				
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>	802,79	7,834	
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Amounts included on

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

2

b

Part XII

5

1

2

а b

d

3

4

а

b

C

Part XIII

5

Schedule D (Form 990) 2016

2e

3

4c

2e

3

4c

5

83.866

Page 4

83,866

44,699,038

44,699,038

36,527,659

83,866

36.443.793

36,443,793

Schedule D (Form 990) 2015

and other support per audited financial statements		1	44,782,9
line 1 but not on Form 990, Part VIII, line 12			
losses) on investments	2a		
use of facilities	2b		

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Net unrealized gains ( 2c

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

Other (Describe in Part XIII ) . 83,866

Add lines 2a through 2d . . е

3 Subtract line 2e from line 1 .

4

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

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

Investment expenses not included on Form 990, Part VIII, line 7b.

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,

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

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

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

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

2a

2b 2c

2d

4b

Explanation

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:** 84-0500890

Name: Premier Members Credit Union

**Supplemental Information** 

Return Reference	Explanation
Part X, Line 2	The Credit Union is exempt, by statute, from federal and state income taxes on income related to its core purpose. The Credit Union pays tax on any unrelated business taxable income. The Credit Union had no significant tax liability for the year ended December 31, 2016. All income from the CUSO flows into the Credit Union and, as a result, is also tax exempt. ASC 740, Accounting for Uncertainty in Income Taxes prescribes a minimum recognition threshold and measurement methodology that a tax position taken or expected to be taken in a tax return is required to meet before being recognized in the financial statements. It als o provides guidance for de-recognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. The Credit Union and its wholly-owned subsidiary are under regular audit by the tax authorities. The Credit Union believes that it has appropriate support for the positions taken on its tax returns and that its annual tax provision includes amounts sufficient to pay any assessments. Further, management believe s that the Credit Union's tax-exempt status would be upheld in an examination. Nonetheless, the amounts ultimately paid, if any, upon resolution of the issues raised by the taxing authorities may differ materially from the amounts accrued for each year. The Credit Union and its CUSO file income tax returns in the United States federal and Colorado state juri sdictions. The Credit Union and its CUSO are no longer subject to income tax examinations for Colorado state income taxes before 2013 or for United States federal income taxes before 2013. The Credit Union classifies any interest on underpayments of income tax as 'Interest Expense', and classifies penalties in connection with underpayments of tax as 'Other Expense'.

upplemental Information									
Return Reference	Explanation								
Part XI, Line 2d - Other Adjustments	Gain on sale of building 83,866								

Supplemental Information									
Return Reference	Explanation								
Part XII, Line 2d - Other Adjustments	Gain on sale of building 83,866								

DLN: 93493318082227

OMB No 1545-0047

2015

# 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 www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Premier Members Credit Union

Name of the organization

Employer identification number

		84-0500890			
Pa	art I Questions Regarding Compen	sation			
				Yes	No
1a		on provided any of the following to or for a person listed on Form 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 paymen	ts			
	□ Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		i the organization follow a written policy regarding payment or nses described above? If "No," complete Part III to explain	1b	Yes	
2		nor to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked in line 1a?	2	Yes	
	an ectors, a actoos, amount, moral my the or	o, Enduante d'indicat, regarding and itema discondu in inite da		res	
3	organization's CEO/Executive Director Chec	ig organization used to establish the compensation of the k all that apply Do not check any boxes for methods Impensation of the CEO/Executive Director, but explain in Part III			
	□ Compensation committee				
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form or a related organization	n 990, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-o	control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an ed	quity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons	and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Se compensation contingent on the revenues of	ction A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		
b	Any related organization?		5b		
	If "Yes," on line 5a or 5b, describe in Part II				
6	For persons listed on Form 990, Part VII, Se compensation contingent on the net earnings	ction A , line 1a , did the organization pay or accrue any of			
а	The organization?		<b>6</b> a		
b	Any related organization?		6b		
	If "Yes," on line 6a or 6b, describe in Part II				
7	For persons listed on Form 990, Part VII, Se payments not described in lines 5 and 6? If "	ction A , line 1a , did the organization provide any non-fixed Yes ," describe in Part III	7		
8		rt VII, paid or accured pursuant to a contract that was ribed in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	The state of the s	8		
9	If "Yes" on line 8, did the organization also fo section 53 4958-6(c)?	llow the rebuttable presumption procedure described in Regulations	9		

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

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

(A) Name and Title		(B) Breakdown of	fW-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		Base (ı) compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
Carlos Pacheco     Chief Executive Officer	(i)	413,943	29,346	700	12,440	17,554	473,983	0
	(ii)	0	0	0	0	0	0	0
2 Rick AllenCEO/President	(i)	405,965	29,346	0	12,472	18,454	466,237	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> Brian Resch Chief Administrative Offic	(i)	171,639	37,557	0	8,981	16,962	235,139	0
	(ii)	0	0	0	0	0	0	0
4 Jason Bauer Chief Marketing Officer	(i)	116,820	25,142	0	6,011	16,962	164,935	0
-	(ii)	0	0	0	0	0	0	0
5 Matt Rarden Chief Operating Officer	(i)	162,938	37,203	0	8,118	5,393	213,652	0
	(ii)	0	0	0	0	0	0	0
6 Mark Rowan Chief Information Officer	(i)	137,697	32,919	0	7,179	11,094	188,889	0
	(ii)	0	0	0	0	0	0	0
7 Lindsay Sandham Chief Lending Officer	(i)	157,443	33,965	0	8,094	10,041	209,543	0
<b>,</b>	(ii)	0	0	0	0	0	0	0
<b>8</b> Mark Wiete Chief Financial Officer	(i)	218,083	45,740	0	10,116	12,130	286,069	0
	(ii)	0	0	0	0	0	0	0
9 Claire LindleyVP Finance	(i)	130,180	24,347	0	6,519	6,968	168,014	0
	(ii)	0	0	0	0	0	0	0

Page 2

Return Reference	Explanation						
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							
Part IIII Supplemental Inform	nation						
Schedule J (Form 990) 2015							

Schedule J (Form 990) 2015

# Software ID: Software Version:

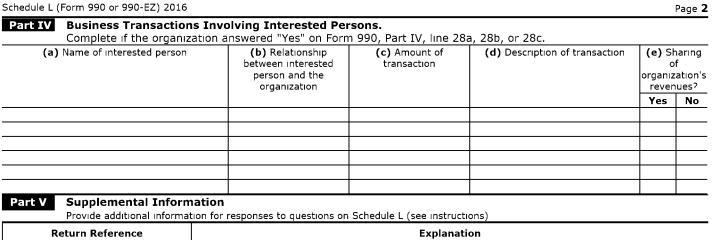
**EIN:** 84-0500890

Name: Premier Members Credit Union

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

(A) Name and Title	tle <b>(B)</b> Breakdown o <b>(i)</b> Base Compensation		n of W-2 and/or 1099-MISC compensation  (ii) (iii)  Bonus & Other  Incentive reportable  compensation 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
1Carlos Pacheco Chief Executive Officer	(1)	413,943	29,346	700	12,440	17,554	473,983	0
	(11)	0	0	0	0	- 0	- 0	0
1Rick AllenCEO/President	(1)	405,965	29,346	0	12,472	18,454	466,237	0
	(11)	0	0	0	0	-	- 0	0
<b>2</b> Brian Resch Chief Administrative Offic	(1)	171,639	37,557	0	8,981	16,962	235,139	0
	(11)	0	0	0	0	-	- 0	0
<b>3</b> Jason Bauer Chief Marketing Officer	(1)	116,820	25,142	0	6,011	16,962	164,935	0
	(11)	0	0	0	0	-		0
<b>4</b> Matt Rarden Chief Operating Officer	(1)	162,938	37,203	0	8,118	5,393	213,652	0
	(11)	0	0	0	0	-		0
<b>5</b> Mark Rowan Chief Information Officer	(1)	137,697	32,919	0	7,179	11,094	188,889	0
	(11)	0	0	0	0	-	0	0
<b>6</b> Lindsay Sandham Chief Lending Officer	(1)	157,443	33,965	0	8,094	10,041	209,543	0
	(11)	0	0	0	0	-	- 0	0
<b>7</b> Mark Wiete Chief Financial Officer	(1)	218,083	45,740	0	10,116	12,130	286,069	0
	(11)	0	0	0	0	- 0	- 0	0
8Claire LindleyVP Finance	(1)	130,180	24,347	0	6,519	6,968	168,014	0
	(11)	0	0	0	0	- 0	0	0

efile GRAPHI	C print - DO NO	T PROCES	iled Data -							3493318082227			
Schedule L (Form 990 or 990	-EZ)		► Comp	lete if the org	anization ar		_				1B No		
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.										2016			
Department of the Tre	asurv ▶Inf	ormation ab			90 or 990-E	90-EZ. Z) and its instr	uctio	ıs is	at		pen		
Internal Revenue Serv	ice			<u>www.irs.gov</u>	<u>//torm990</u> .		-				Insp		
Name of the org Premier Members (								1 <b>ploy</b> -0500	<b>/er ide</b> 0890	ntifica	tion n	umb	er
	ss Benefit Trail lete if the organiza									o 40h			
	) Name of disquali					alified person an			escripti		(d)	) Cor	rected?
	<u> </u>	'	,		organization	'		tra	ansactio	on	_ <del>``</del>	es	No
											+		
	mount of tax incur												
3 Enter the and Part II Local Control	mount of tax, if an  ans to and/or  nplete if the organ orted an amount o	y, on line 2, a  From Inter  Ization answe	ested Percent	nbursed by the operations of the operations.  Son Form 990-EZ	organization .		0, Par	t IV,		, or if t	he org	anıza	tion
(a) Name of interested person	(b) Relationship with organization			to or from the anization?	(e)Original principal amount	(f)Balance due		(g) In (h) default? Approved board		ved by		i)Wrii reem	
			То	From			Yes	No	Yes	No	Yes		No
See Additional Data Table													
				1									
	nts or Assistar					 /. line>2 <del>7</del> 61 oso							
(a) Name of Inter	ested person (b	) Relationship erested perso organizat	between on and the		of assistance			stanc	e (	(e) Pur	pose o	f ass	stance
		-											
For Dangework Da	luction Act Notice.	eaa tha Tuct	ctions for E	000 or 000	F7 .	Cat No 50056A		<b>C</b> -1		/F	000 -	000	F7) 201



# **Additional Data**

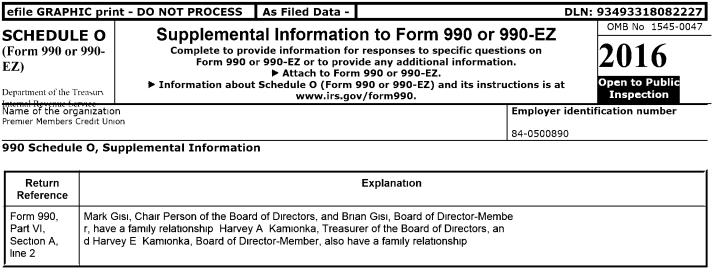
## Software ID:

Software Version:

**EIN:** 84-0500890

Name: Premier Members Credit Union

Form 990, Sche	dule L, Part II -		rom	Interes	ted Persons	_						
(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original principal amount	(f)Balance due	(g) In default?		(h) Approved by board or committee?		a	i)Written greement?
			То	From			Yes	No	Yes	No	Yes	No
Carlos Pacheco		FIRST MORTGAGE		Х	608,000	533,412		No	Yes		Yes	
Brian Resch		FIRST MORTGAGE		Х	308,000	245,129		No		No	Yes	
Jason Bauer		FIRST MORTGAGE		Х	364,000	325,800		No		No	Yes	
Mark Rowan		FIRST MORTGAGE		Х	294,000	258,731		No		No	Yes	
Mark Wiete		FIRST MORTGAGE		х	383,920	373,128		No		No	Yes	_
Matt Rarden		FIRST MORTGAGE		Х	286,500	272,133		No		No	Yes	
Lindsay Sandham		FIRST MORTGAGE		Х	225,001	219,221		No		No	Yes	
Mark Wiete		HOME EQUITY LINE OF CREDIT		Х	65,000	64,333		No		No	Yes	
Mark Rowan		HOME EQUITY LINE OF CREDIT		Х	100,000	47,229		No		No	Yes	
Lindsay Sandham		FIRST MORTGAGE		Х	280,000	279,559		No		No	Yes	
Matt Rarden		AUTO LOAN		Х	36,000	36,000		No		No	Yes	
Mark Wiete		AUTO LOAN		Х	42,424	42,092		No		No	Yes	
Matt Rarden		HOME EQUITY LINE OF CREDIT		х	25,000	9,807		No		No	Yes	
Lindsay Sandham		AUTO LOAN		Х	31,174	31,174		No		No	Yes	
Lindsay Sandham		AUTO LOAN		Х	27,541	24,110		No		No	Yes	
				'			•	•				



990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990,	Premier Members Credit Union, formerly doing business as Boulder Valley Credit Union is a
Part VI,	member-owned financial cooperative that is operated for the benefit of the employees and r
Section A,	etirees of the Boulder Valley School District, the employees and retirees of the Internati
line 6	onal Business Machines (IBM) Corporation, and certain related organizations, who work in C
	olorado, Wyoming, Montana, Idaho and Utah, teachers and retirees of the Adams County Schoo
	I District, various approved select employee groups and their families and the individuals

who joined the Credit Union by contributing to select charitable organizations

Return Explanation
Reference

line 7a

Form 990,
Part VI,
Section A.

The members of the credit union annually elect the Board of Directors to serve for multiple e-year terms by mailing in ballots or voting at an annual meeting

Return Explanation
Reference

line 7b

Form 990,
Part VI,
Section A.

Various decisions made by the Board of Directors for a credit union are subject to approva
I by the members of the credit union as set forth in NCUA rules and regulations and applic

Return Explanation

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

The completed Form 990 is reviewed by the Chief Executive Officer/President, the Chief Exe
cutive Officer and the Chief Financial Officer prior to filing The President/CEO and Chie
f Executive Officer are both authorized to sign and file the return

Return Explanation Reference

Form 990. At time of hire and at least once each year, all employees are asked to complete a written Part VI. acknowledgment to disclose any potential conflicts of interest. Credit union volunteers a

Section B. re similarly requested to disclose any such conflicts of interest upon taking office. The line 12c Board of Directors reviews the Code of Conduct Policy annually

Return Reference
Form 990. For President/CEO compensation, the Board Chair Person annually conducts research on execu

Part VI,
Section B,
line 15

tive compensation, utilizing industry survey data from organizations such as CUES and D H
liton. The Board approves the recommended compensation structure for the CEO position. For
top management compensation, the credit union utilized BalancedComp as an independent com
pensation consultant, and also validates BalancedComp's data against industry surveys such
as CUES

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990,	The organization's governing documents and conflict of interest policy are are available f
Part VI,	or review upon request at the credit union. Monthly financial statements are available and
Section C,	on display at the credit union Quarterly financial data is accessible to the public at w
line 19	ww ncua gov

Return Explanation
Reference

Form 990,
Part XI, Line
2C
Selection of the auditors and oversight of the auditors is done by the Supervisory Committ
ee There were no changes to the selection or oversight practices during 2016 Holben Hay
Lake Balzer, CPAs LLC was engaged to perform the Credit Union's December 31, 2016 opinion
audit

990 Schedule O, Supplemental Information