efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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

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

DLN: 93493135078048 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

A F	or th	e <b>2017</b> c	alendar year, or tax year beginn	ing 01-01-2017 , and ending 12-3	31-2017				
<b>B</b> Che	ck ıf a	pplicable	C Name of organization	LINITON			D Employe	r identifi	ication number
☐ Ad	dress	change	SIKESTON PUBLIC SCHOOLS CREDIT	UNION			43-1327	512	
□ Na		_	Doing business as						
☐ Ini		turn n/terminated	-			L			
		d return		I is not delivered to street address) Room/s	uite		E Telephone	e number	
□Ар	plicati	on pending	208 S KINGSHIGHWAY				(573) 47	75-4545	
			City or town, state or province, count	ry, and ZIP or foreign postal code					
			SIKESTON, MO 63801				<b>G</b> Gross red	eipts \$ 12	21,300
			<b>F</b> Name and address of principal	officer	H(a)	Is this a	group ret	urn for	
			BRITTANY FITZGERALD			subordı			□Yes ☑No
					_ Н(Ь)	Are all s	subordinate	es	☐ Yes <b>☑</b> No
I Ta:	x-exer	mpt status	☐ 501(c)(3) <b>☑</b> 501(c)(14) ◀	(insert no ) 4947(a)(1) or 527				st (see	instructions)
J W	ebsit	te:► N/A	<b>A</b>		H(c)	Group e	exemption	number	<b>&gt;</b>
<b>K</b> Forr	n of o	rganızatıon	☑ Corporation ☐ Trust ☐ Associ	ation ☐ Other ►	<b>L</b> Year o	of formation	on 1978	M State MO	of legal domicile
Pa	et T	Sum	mary.						
- (			scribe the organization's mission or	most significant activities					
a.			G DEPOSITS FOR SAVINGS & PROV						
2									
E	:								
Ş.	,	Check thi	is hox • I if the organization disc	ontinued its operations or disposed of	more tha	ın 25% o	of its net as	sets	
Ğ				body (Part VI, line 1a)				з	5
<b>≫</b> ∞	4	Number o	of independent voting members of t	he governing body (Part VI, line 1b)				4	5
Activities & Governance	5	Total nun	nber of individuals employed in cale	endar year 2017 (Part V, line 2a) 🔒				5	0
₹	6	Total nun	nber of volunteers (estimate if nece	ssary)				6	13
Ac	7a	Total unr	elated business revenue from Part v	VIII, column (C), line 12				7a	0
	ь	Net unrel	lated business taxable income from	Form 990-T, line 34				7b	
						Prior	Year		Current Year
Qı.	8	Contribut	tions and grants (Part VIII, line 1h)						0
Rəvenue	9	Program	service revenue (Part VIII, line 2g)				88,0	73	89,317
λċ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d )			28,0	32	29,310
ш.	11	Other rev	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)			2,0	07	2,673
	12	Total reve	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)			118,1	12	121,300
	13	Grants ar	nd similar amounts paid (Part IX, co	lumn (A), lines 1–3 )			3,2	50	3,250
	14	Benefits	paid to or for members (Part IX, col	umn (A), line 4)			3,6	11	3,707
<b>S</b> 2	15	Salaries,	other compensation, employee ben	efits (Part IX, column (A), lines 5–10)					0
Expenses	<b>16</b> a	Professio	onal fundraising fees (Part IX, colum	ın (A), lıne 11e)					0
e d	ь	Total fundr	raising expenses (Part IX, column (D), lin	e 25) <b>▶</b> 0					
ă	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)			80,0	82	93,665
	18	Total exp	enses Add lines 13-17 (must equa	l Part IX, column (A), line 25)			86,9	43	100,622
	19	Revenue	less expenses Subtract line 18 from	m line 12			31,1	69	20,678
% & &					Beg	inning of	Current Ye	ear	End of Year
Net Assets or Fund Balances					<u> </u>				
Ass I Ba	l		ets (Part X, line 16)		-		5,370,3	_	5,225,054
₹ <u>5</u>	l		ollities (Part X, line 26)		-		1,7	_	1,749
			ts or fund balances Subtract line 2:	from line 20			5,368,5	14	5,223,305
Par			ature Block	ned this return, including accompanying	a schedul	lec and c	tatements	and to	the hest of my
				Declaration of preparer (other than off					
any k	nowle	edge							
		*****	*			2018-	05-15		
Sign		Signati	ure of officer			Date			
Here		BRITTA	ANY FITZGERALD President						
			r print name and title						
			rint/Type preparer's name		Date	Charle		TIN	
Paid	k	LB	Brittany Fitzgerald	Brittany Fitzgerald		Check self-er	mployed P	01697939	,
Pre		ات ⊢	irm's name   WILFRED E BUCHER CPA				EIN ► 43-:	1234171	
Use		1 -	irm's address ► PO BOX 249			Phone	no (573) 4	71-6507	
			SIKESTON, MO 638010	249					
May t	he IR	S discuss	this return with the preparer show	n above? (see instructions)				<b>✓</b> Y	res 🗌 No
For P	aper	work Re	duction Act Notice, see the sepa	rate instructions.	Cat	No 112	282Y		Form <b>990</b> (2017)

Form	990 (2017)				Page <b>2</b>
Par	t IIII Statement	t of Program Service Acc	complishments		
	Check if Sch	edule O contains a response or	note to any line in this Part III		<u> </u>
1	Briefly describe the	organization's mission			
ACC	PTING DEPOSITS FOR	R SAVINGS & PROVIDING LOA	NS TO MEMBERS		
_	5.1.1				
2	<del>-</del>		gram services during the year which w	vere not listed on	☐ Yes ☑ No
		or 990-EZ?			□ Yes ☑ No
3		ese new services on Schedule	O gnificant changes in how it conducts, a	nny program	
3	_	· · · · · · · · ·	grifficant changes in now it conducts, a	any program	☐ Yes ☑ No
		ese changes on Schedule O			Lifes Line
4			nplishments for each of its three larges	et program carvicas, as measure	nd hy expenses
•	Section 501(c)(3) ar		required to report the amount of gran		
		· · · · · · · · · · · · · · · · · · ·	·		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data				
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000	) (EXPONDED Q	molaumy grante or ¢	, (norendo ¢	,
	-				
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
70	(Code	/ (Expenses \$	including grants of \$	) (Nevenue \$	,
	-				
4d	Other program serv	ıces (Describe in Schedule O )			
	(Expenses \$	` '		(Revenue \$	)
4e	Total program ser	vice expenses ►	·		

Page 3

No

Νo

Νo

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

Form **990** (2017)

**Checklist of Required Schedules** 

or X as applicable

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 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? 4 

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,"

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

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

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

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

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

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

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 . . . .

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Yes

27

29

31

33

36

37

Nο

Nο

Nο

No

No

No

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2017)

Yes

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
ь	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?

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

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

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

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

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

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

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

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

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

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

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

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.

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

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

instructions for applicable filing thresholds, conditions, and exceptions)

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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	<u> </u>		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		No
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <sub>a</sub>		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	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?	35		
·	The feet, to line out of out, and the organization me form oboot 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<b>5</b> c		
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?	<b>6</b> a		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 service provided to the payor?			
	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?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	$\blacksquare$		
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?			
0-		9a		No
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		No No
	Section 501(c)(7) organizations. Enter	30		110
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	┦		
11	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 )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			
13	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		No
	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	_		
	Enter the amount of reserves on hand	<b>⊣</b> ∣		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b>0</b> (2017)

OHIII	1 990 (2017)			Page <b>c</b>
Par	rt VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	a "No" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>
Se	ection A. Governing Body and Management	<u> </u>	• •	
	cetton At Governing Body and Humagement		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any ot officer, director, trustee, or key employee?	ner 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	vision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or r members of the governing body?	nore <b>7a</b>	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	r <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	r by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	es, <b>10b</b>		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	to <b>12b</b>		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe is Schedule O how this was done	7 12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independence persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	nt		
а	The organization's CEO, Executive Director, or top management official	15a		No
Ь	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation to joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemple.			
	status with respect to such arrangements?	16b		
	List the States with which a convict this Form 900 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s cavailable for public inspection. Indicate how you made these available. Check all that apply	oniy)		
40	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  BRITTANY FITZGERALD 208 S KINGSHIGHWAY SIKESTON, MO 63801 (573) 475-4545	<b>.</b>		

(A)

Name and Title

Part VII

(F)

Estimated

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

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

(B)

Average

Name and Tide	hours per week (list any hours	than o	ne b	ox, ι n of	inle: ficer	and a	son	compensation from the organization	compensation from related organizations	amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) STEPHEN BORGSMILLER	1 00	x						0	0	0
Treasurer	0 00									
(2) MARLYS SMITH Secretary	1 00 0 00	Х						0	0	0
(3) KEVIN MILLER	1 00	×						0	0	0
Chairman	0 00									
(4) DARRELL HOPPE Director	1 00	x						0	0	0
(5) CHRISTOPHER STARR Director	0 00	Х						0	0	0
(6) IRENE SALING President	40 00			×				46,386	0	0
								•		Form <b>990</b> (2017)

Part VII

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

Page 8

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	che nles	s pers	son	Repo compe fron organiza	rtable nsation n the ation (W-	(E) Reportable compensation from related organizations (V	v-	(F) Estima amount o compens from t	ited f other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1095	o-MISC)	2/1099-MISC)		organizati relate organiza	ed
1b Sub-Total		nΑ.				<b>*</b>			46,386				
Total number of individuals (including of reportable compensation from the compensa			e liste	ed ab	oove	e) who	rece	eived mor	e than \$10	00,000			
3 Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule J</i>			ee, ke	ey er •	mplo •	oyee, o		ghest com	npensated	employee on	3	Yes	No No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									the	4		No	
5 Did any person listed on line 1a receiv services rendered to the organization?					,			_		vidual for	5		No
Section B. Independent Contractor  Complete this table for your five higher	st compensate										pens	ation	
from the organization Report compen	(A)  nd business addre		year	end	ing '	with o	rwit	inin the of		(B) inption of services		(C Compen	

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 ▶ 0

Form 990 (2017)

Part '	VII										
		Check If Schedul	e O contains a	a respo	onse or note to		ne in this Part VI (A) Total revenue	R	(B) elated or exempt function	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections
								1	revenue	revenue	512-514
इ इ		Federated campaig		1a							
ran our		<b>b</b> Membership dues		<b>1</b> b							
Am Am		c Fundraising events		1c							
ifts ar		d Related organizatio		1d							
s, G		e Government grants (co		1e							
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributions, and similar amounts n	, gifts, grants, ot included	1f							
but	١.	above  9 Noncash contribution	ne included								
클	'	in lines 1a-1f \$	ons included								
S E	h	<b>Total.</b> Add lines 1a-1	.f		>		0				
<u> </u>					Busi	iness C	ode				
Ven	<b>2</b> a	INTEREST ON LOANS				9	00099	89,317	89,	317	
å±	ь	·									
MC€	c										
₹	d										
ram	e f	All other program se									
Program Service Revenue						8	9,317				
		Total.Add lines 2a-21 Investment income (ii			ntorost and o	thor					
		similar amounts) .			interest, and o	·	29,3	10	29,310		
		Income from investme				▶		0			
	5	Royalties	(ı) Real		(II) Person	<u> </u>		0			
	6a	Gross rents	(I) Real	l	(II) Person	lai					
	<b>b</b> Less rental expenses										
	c	Rental income or									
		(loss)  Net rental income o	r (loss)					0			
		· Net rental income o	(ı) Securit		(II) Other	<u>▶  </u>		-			
	7a	Gross amount from sales of assets other than inventory	(,,		(.,,						
	b	Less cost or other basis and									
	_	sales expenses									
		Gain or (loss) Net gain or (loss)				$\blacksquare$		0			
		Gross income from f	undraising eve								
Other Revenue		(not including \$contributions reported See Part IV, line 18	ed on line 1c)	of <b>a</b>							
Re	b	Less direct expense		b							
ler		: Net income or (loss)			ents	<b>•</b>		0			
Ott	9a	Gross income from g See Part IV, line 19		es							
				а	•						
		Less direct expense		b							
		: Net income or (loss)		activit	ies	<u> </u>		0			
	10,	aGross sales of invent returns and allowand	es	a							
	ь	Less cost of goods s	sold	b							
	c	Net income or (loss)	from sales of	ınvent	ory	<u> </u>		0			
		Miscellaneous	Revenue		Business Co						
	11	·a <sub>FEES</sub>			9	00099	2,4	81	2,481		
	b	REIMBURSEMENTS			9	00099	1	92	192		
	c	:									
		All other revenue .									
	e	<b>Total.</b> Add lines 11a	-11d			•	2,6	73			
	12	<b>Total revenue.</b> See	Instructions			•	121,3	00	121,300		
							,-		, -		Form <b>990</b> (2017)

Part IX	Statement of	<b>Functional</b>	Expenses
---------	--------------	-------------------	----------

Form 990 (2017)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	,		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,250	3,250		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	3,707	3,707		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees)				
<b>a</b> Management	46,386	46,386		
<b>b</b> Legal	1,535	1,535		
c Accounting	3,085	3,085		
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	820	820		
13 Office expenses	8,982	8,982		
14 Information technology	0			
15 Royalties	0			
<b>16</b> Occupancy	3,204	3,204		
<b>17</b> Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19 Conferences, conventions, and meetings	0			
<b>20</b> Interest	16,919	16,919		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	374	374		
a ASSOCIATION DUES	5,832	5,832		
b SUPERVISION FEE	2,279	2,279		
c CREDIT UNION TAX	1,909	1,909		
d LOAN SERVICING	1,552	1,552		
e All other expenses	788	788		
25 Total functional expenses. Add lines 1 through 24e	100,622	100,622	0	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational compagn and fundraising solutions.				

Form **990** (2017)

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

End of year

Page **11** 

0 0

3.720

1,550

0

0

0

0

13.708

1,749

1,749

5,223,305

5,223,305

5.225.054

Form **990** (2017)

5.225.054

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

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 .

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 .

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

key employees, highest compensated employees, and disqualified

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,

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

Less accumulated depreciation

		,		,
1	Cash-non-interest-bearing	168,939	1	55,674
2	Savings and temporary cash investments	2,767,327	2	2,595,366
3	Pledges and grants receivable, net		3	0
4	Accounts receivable net		4	0

Beginning of year

9

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

1.794

5,368,514

5,368,514

5.370.308

2.194

53.897

1.794

5,370,308

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 100.084 5 II of Schedule L . . . . . . .

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

92,345 Part II of Schedule L . . . Assets Notes and loans receivable, net . 2.275.136 2.462.691 Inventories for sale or use . 8 2.731

11,906

10,356

2b

2c

3a

3b

Yes

Yes

Nο

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ✓ Separate basis ☐ Both consolidated and separate basis

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

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

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

☐ Both consolidated and separate basis

Consolidated basis

Consolidated basis

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

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

## Additional Data

**Software ID:** 17005038 Software Version: 2017v2.2

**EIN:** 43-1327512

Name: SIKESTON PUBLIC SCHOOLS CREDIT UNION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE CREDIT UNION PRESENTLY HAS 1,069 MEMBERS AND 355 OUTSTANDING LOANS THE CREDIT UNION'S SOLE PURPOSE IS TO PROVIDE A SAFE HAVEN FOR MEMBERS' SAVINGS AND A RELIABLE SOURCE FOR LENDING TO OUR MEMBERS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

**Supplemental Financial Statements** 

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

DLN: 93493135078048 OMB No 1545-0047

Open to Public

Assets included in Form 990, Part X

(Form 990)

▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** SIKESTON PUBLIC SCHOOLS CREDIT UNION 43-1327512 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

Par	t IIII	Organizations Maintaining Col	lections of Art	t, Histori	cal T	reasu	res, or	Other	Similar A	ssets (	(continued)
3		the organization's acquisition, accession (check all that apply)	n, and other recor	ds, check	any of	the foll	lowing th	nat are a	significant	use of it	s collection
а		Public exhibition		d		Loan	or excha	nge prog	rams		
b		Scholarly research		е		Other					
c		Preservation for future generations									
4	Provide Part	de a description of the organization's col KIII	llections and expla	ain how the	y furtl	her the	organiz	atıon's ex	empt purp	ose in	
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							ılar	□ Y	es 🗌 No
Pa	rt IV	Escrow and Custodial Arrange									
		Complete if the organization answ X, line 21.	vered "Yes" on I	Form 990	, Part	IV, lir	ne 9, or	reporte	d an amo	unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other interm	nediary for	contri	butions	or othe	r assets ı	not	□ <b>Y</b>	es 🗆 No
ь	If "Y∈	es," explain the arrangement in Part XIII	and complete the	e following	table		Γ		-	Amount	
c	Begin	ining balance						1c			
d	Addıt	ions during the year						1d			
е	Dıstrı	butions during the year						1e			
f	Endın	ng balance						1f			
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, lı	ne 21, for	escrov	v or cus	stodial a	ccount lia	ıbılıty?	□ Y	es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the	e explanati	on has	s been i	provided	l in Part )	KIII		
Pa	art V	Endowment Funds. Complete if					•				
		<u>'</u>	(a)Current year		rıor yea			ars back			(e)Four years back
<b>1</b> a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
d	Grants	or scholarships									
e		expenditures for facilities ograms									
f	Admını	strative expenses									
g	End of	year balance									
2	Provid	de the estimated percentage of the curre	ent year end balar	nce (line 1	g, colu	mn (a)	) held as	5			
а	Board	d designated or quasi-endowment 🕨									
b	Perm	anent endowment ►									
С	Temp	orarily restricted endowment >									
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3а		here endowment funds not in the posses nization by	ssion of the organi	zation tha	t are h	eld and	d adminis	stered fo	r the	_	Yes No
		nrelated organizations			•						a(i)
h		elated organizations			 dula D					3	a(ii) 3b
ь 4		ribe in Part XIII the intended uses of the				•					30
	rt VI	Land, Buildings, and Equipme		downlene	unus						
		Complete if the organization answ		Form 990	, Part	IV, lır	ne 11a.	See For	m 990, Pa	art X, lı	ne 10.
	Descri	ption of property (a) Cost or oth (investme	her basis (b) C	Cost or other					epreciation		(d) Book value
1a	Land										
b	Buildin	gs									
		old improvements									
		nent	11,906						10,356		1,550
	Other								•		
		lines 1a through 1e (Column (d) must e	qual Form 990, Pa	art X, colur	nn (B)	, line 1	O(c)).		<b>-</b>		1,550

	<b>Investments—Other Securities.</b> Complete if the case Form 990, Part X, line 12.	or garnizatio	ii uiisvvc	ied ies on i	<b>,</b>	
	(a) Description of security or category (including name of security)	1	<b>(b)</b> Book value		c) Method of v or end-of-year	
	al derivatives					
	The equity interests	<u> </u>				
A)						
(B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
	nn (b) must equal Form 990, Part X, col (B) line 12 )	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fori  (a) Description of investment	m 990, Part			m 990, Part :	
1)	(-)	(-,			r end-of-year	
(1)						
(3)						
(4)						
5)						
6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col (B) line 13 )  Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	art X, line 15
Part IX		es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	art X, line 15  (b) Book value
Part IX	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered 'Ye	es' on Form S	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P	
1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered 'Ye	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Ye (a) Description	es' on Form 9	990, Part	IV, line 11d Se	e Form 990, P.	
1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered 'Ye (a) Description  (a) Description  Jumn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Ye					(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Ye (a) Description  (a) Description			n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Colu	Other Assets. Complete if the organization answered 'Ye (a) Description  (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered 'Ye (a) Description		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Columnation	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation (Columnati	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Columnation of the columnation of t	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Columpart X) 1.	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Ye (a) Description  Imm (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities. Complete if the organization answered 'Ye (a) Description of liability		· ·	n 990, Part IV		(b) Book value

1

2

Total revenue, gains, and other support per audited financial statements . . .

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

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line $\mathbf{2e}$ from line $1$		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	d Other (Describe in Part XIII )			
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2017

efile GRAPHI	C print - DO NO	T PROCES	S As Fi	led Data -					DL	.N: 93	493135	078048
Schedule L (Form 990 or 990	Comple	te if the orga 27, 28a,	anization a 28b, or 28 ► Attac	<b>1S With Ir</b> nswered "Yes ic, or Form 99 th to Form 99 tle L (Form 99	s" on Form 99 0-EZ, Part V, 0 or Form 99	90, Part IV, li , line 38a or 4 0-EZ.	nes 2 10b.				20 <sup>2</sup>	
Department of the Tre Internal Revenue Serv	asurv	ormation ab	out boneda	www.irs.gov		, unu its mst.	401.0			(	Open to Inspe	
Name of the org		IION						•	<b>yer ide</b> 7512	entifica	ation nur	
	ess Benefit Tran						ganıza	ations	s only)	ne 40b		
	) Name of disquali			Relationship be				(c) D	Descript	tion of	(d) (	No No
Part II Lo Cor rep (a) Name of	ans to and/or Inplete if the organ orted an amount of the organization	From Interization answein Form 990, (c) Purpose	ested Per red "Yes" or Part X, line S (d) Loan I	<b>'sons.</b> n Form 990-EZ, 5, 6, or 22			(g) defa	In	(i Appro	1)	(i)V	ization /ritten ement?
			То	From	-		Yes	No	comm	No	Yes	No
(1) STEPHEN BEYDLER	DIRECTOR	AUTO		X	29,673	27,454		No	Yes		Yes	
(2) KEVIN MILLER	DIRECTOR	AUTO		Х	25,610	7,277		No	Yes		Yes	
(3) KEVIN MILLER	DIRECTOR	SP PURP		Х	5,999	3,802		No	Yes		Yes	
(4) KEVIN MILLER	DIRECTOR	AUTO		X	48,886	45,757		No	Yes		Yes	
(5) JOYCE CROWE	SUPER COM	AUTO		X	18,003	8,055		No	Yes		Yes	
Total					<b> </b> ▶ \$	92,345						
	i <b>nts or Assistar</b> nplete if the orga					line 27.						
(a) Name of inte		) Relationship erested perso organizat	n and the	(c) Amount o	of assistance	( <b>d)</b> Type (	of assi	stanc	ce	<b>(e)</b> Pu	rpose of a	issistance
									Ŧ			
For Paperwork Per	luction Act Notice,	see the Instru	ctions for Fo	rm 990 or 990-F	<b>.7</b> . ∩	t No 50056A		امع	hadula	l (Form	000 0= 0	90-FZ) 2017

**Explanation** 

Schedule I (Form 990 or 990-F7) 2017

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

Return Reference

efile GRAPH	93493135078048			
SCHEDUL	E O Supplemental Information to Form 9	90 or 990-E7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) an  www.irs.gov/form990.	esponses to specific questions on any additional information.  90 or 990-EZ.  or 990-EZ) and its instructions is at		
Name of the org SIKESTON PUBLIC	ification number			
Return Reference	Explanation			
Form 990, Part VI, Line 11b Form 990 Review Process	NO REVIEW OF FORM 990 BEFORE FILING			

Return Explanation
Reference

Form 990,	ALL DOCUMENTS ARE AVAILABLE IN THE CREDIT UNION OFFICE
Part VI, Line	
19 Other	
Organization	
Documents	
Publicly	
Available	

Return
Reference

Other
Changes In

Net Assets
Or Fund
Balances Other
Decreases

990 Schedule O, Supplemental Information Return Explanation Reference Other = \$55 Changes In Net Assets

Or Fund Balances -Other Increases

Return Explanation

Reference	
PT VI, LINE	DECREASE IN SHARE DEPOSIT OF MEMBERS BY \$165942, INCREASE IN RESERVE ACCOUNT OF \$55 FOR EN
11B	ROLLMENT FEES REQUIRED TO BE CREDITED TO RESERVE ACCOUNT PER CREDIT UNION REGULATIONS

990 Schedule O, Supplemental Information Return Explanation Reference

| Reference | PT VI, LINE | FINANCIAL STATEMENTS AVAILABLE IN CREDIT UNION OFFICE

990 Schedule O, Supplemental Information Return Explanation Reference ORGANIZATION HAS MEMBERS

PT VI. LINE

Return Explanation

Reference	
PT VI, LINE	MEMBERS, AT ANNUAL MEETING, VOTE ON ELECTION OF SLATE OF OFFICERS BOARD OF DIRECTORS DOES
7A	NOT REVIEW 990 BEFORE FILING, COPIES AVAILABLE IN CREDIT UNION OFFICE