| efile GRAPHIC | print - DO NOT PROCESS As Filed Data - | | DLN: 9 | 3493155004159 |
|---|--|------------------|----------------------------|-------------------|
| 000 | Return of Organization Exempt From | Income | Tax | OMB No 1545-0047 |
| Form 990 | | | | 2010 |
| % J | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ► Do not enter social security numbers on this form as it ma | | • | 2018 |
| Department of the | | | | Open to Public |
| Treasury | ► Go to <u>www.irs.gov/Form990</u> for instructions and the I | atest informa | tion. | Inspection |
| Internal Revenue Service A For the 2019 ca | l alendar year, or tax year beginning 01-01-2018 ,and ending 12-31 | 1-2018 | | |
| B Check if applicable | C Name of organization | 1 | D Employer ident | tification number |
| ☐ Address change | ARSENAL CREDIT UNION | | 43-0663009 | |
| ☐ Name change | Doing business as | | 13 0003003 | |
| ☐ Initial return ☐ Final return/terminated | | | | |
| ☐ Amended return | Number and street (or P O box if mail is not delivered to street address) Room/sui | te | E Telephone numb | er |
| ☐ Application pending | 3780 VOGEL ROAD | _ | (314) 962-636 | 53 |
| | City or town, state or province, country, and ZIP or foreign postal code ARNOLD, MO 630103799 | | | |
| | · | | G Gross receipts \$ | |
| | F. Name and address of principal officer | H/a) To thin | | _ |
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| only) available | e for public inspection Indicate how you made these available. Check all the | | | |
| ☐ Own web | | | _ | |
| 19 Describe in Sc | thedule O whether (and if so, how) the organization made its governing doc lancial statements available to the public during the tax year | cuments, conflic | t of interest | |
| | ne, address, and telephone number of the person who possesses the organi | zation's books a | and records | |
| PATTI POE | 3780 VOGEL ROAD ARNOLD_MO 630103799 (314) 962-6363 | | | |
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| Form | 1 990 (2 | 018) | | | | | | | | | | | | | | | | | | | | | Page 2 |
|-------------------|-------------------|--|--------------------|--------------------|-----------------|-------------------|----------|-----------|---------|-------|----------------|-----------------|------|-----------------|----------------|----------|-----------|---------------|---------------|----------------|-------------------|--------------|---------------|
| Pa | art III | Staten | nent o | f Prog | ram S | Servic | e Acc | mplis | hmer | nts | 1 | | | | | | | | | | | | |
| | | Check If | Schedi | ule O cor | ntains a | a respo | nse or | note to a | ny lin | e ir | n this | Part II | ١. | | | | | | | | | | ✓ |
| 1 | Briefly | describe | the or | ganızatıc | n's mi | ssion | | | | | | | | | | | | | | | | | |
| SOU THE COO | RCE OF IR MONE | E THRIFT CREDIT A Y FOR TH ON AND N | AT FAIR HEIR MU | AND RE JTUAL BI | ASONA ENEFIT | ABLE R r, to e | ATES O | INTER | ST, T | O P | PROV: HE PR | IDE TH UDENT | IE O | PPORT E OF N | UNITY 10NEY | FOR T | HE M | 1EME It, 1 | BERS FO OI | TO US PERAT | SE AND E IN TH | CON SE SF | PIRIT OF |
| 2 | | e organiz ior Form | | | • | - | int prog | ram serv | /ices o | lurıı | ng th | e year | whi | ch wei | re not | listed o | on • • | | | [| ✓ Yes | | No |
| | | 1. | | | | | | | | | | | | | | | | 4 | | | | | |
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| Form | 990 (2018) | | | | | | | | Page 3 |
|-------------------------|---|-----------------------|----------------|-------------------|------------|--------------------------------|----------|-----|---------------|
| Par | V Checklist of Required Sched | ules | | | | | | | |
| | | | | | | | . — | Yes | No |
| 1 | Is the organization described in section 50 Schedule A | 1(c)(3) or 494 | 7(a)(1) (othei | than a private | found • | lation)? <i>If "Yes," co</i> i | mplete | 1 | No |
| 2 | Is the organization required to complete Si | hedul <u>e R. Sch</u> | edule of Cont | rihiitors (see ir | struct | ions)? | <u> </u> | , | No |
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| | 1a Federated campaigns 1a | 9 | | | | | | | - |
| ons, Gifts, Grants | b Membership dues 11 | , | | | | | | | |
| Gra Gra | c Fundraising events 1 | <u> </u> | | | | | | | |
| 8, 5 | d Related organizations | 1 | | | | | | | |
| 6iff | e Government grants (contributions) | 1 | | | | | | | |
| 8, | f All other contributions, gifts, grants, | = <u> </u> | | | | | | | |
| ution or s | and similar amounts not included above | f | | | | | | | |
| Contribution | g Noncash contributions included in lines 1a - 1f \$ | | | | | | | | |
| Cont | h Total. Add lines 1a-1f | | > | | | | | | |
| | <u></u> | | usiness Code | | Т | Т | | | |
| 1 | 2a INTEREST ON LOANS | F | | 7,93 | 5,602 | 7,935,602 | | | |
| Program Service Revenue | b FEES & OTHER INCOME | | 52210 | 4,80 | 9,347 | 4,809,347 | | | |
| æ | C NON-MEMBER FEES | | 52210 | 0 | 2,592 | , , | 72, | 592 | |
| J. | | | 52210 | 0 | 1,800 | | 11, | | |
| Ę | d WARRANTY SALES | | 52429 | 8 | · | | , | | |
| Ξ | e OTHER | | 90009 | 9 | 6,050 | | 6,0 | 050 | |
| gra | f All other program service revenue | | | | | | | | |
| Ĕ | | _ | 12,835,39 | 1 | | | | | |
| | gTotal. Add lines 2a-2f | | | | | | | 1 | |
| | 3 Investment income (including dividend similar amounts) | s, interest, and | d other ▶ | 1,092,284 | | 1,092,284 | | | |
| | 4 Income from investment of tax-exemple | : bond proceed | | | | | | 1 | |
| | 5 Royalties | | ▶ | 29,311 | | 29,311 | | 1 | |
| | (ı) Real | (II) Pers | sonal | | | | | | |
| | 6a Gross rents | | | | | | | | |
| | b Less rental expenses | | | | | | | | |

| Form | orm 990 (2018) Page 4 | | | | | | | | |
|-----------------|--|----------|------|----|--|--|--|--|--|
| Pa | Checklist of Required Schedules (continued) | | | | | | | | |
| | | | Yes | No | | | | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 | Yes | | | | | | |
| 742 | Schedule 1. Did the organization have a tax-exempt hond section with an outstanding principal amount of more than \$100,000 as of | | | | | | | | |
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| Form 990 (2018) | | | | Page 5 |
|---|---|--------------------|--------------------------------------|---------------|
| 2a Enter the number of employees reported on Form W-3, Transm Tax Statements, filed for the calendar year ending with or with this return | nittal of Wage and nin the year covered by | 2a | 96 | |
| b If at least one is reported on line 2a, did the organization file a Note If the sum of lines 1a and 2a is greater than 250, you may | Ill required federal emplo | yment tax returns? | 2b | Yes |
| NOTE. IT THE SUM OF LINES 12 AND 22 IS DEPARTED THAN 250. VOIL M: | av ne redilired to e-tile (| see instructions (| , , | • |
| (a) Description of security or category (including name of security) | (b) Book value | | od of valuation of-year market va | alue |
| (1) Financial derivatives | | cost of cha c | year market ve | il de |
| (2) Closely-held equity interests | | | | |
| (A) AFS-FEDERAL AGENCY SEC | 35,445,463 | | F | |
| (B) VISA CLASS B COMMON STOCK | 813,696 | | F | |
| (C) FHLB MEMBERSHIP STOCK | 271,800 | | С | |
| (D) CU COOPERATIVE SYS , INC | 482,305 | | С | |
| (E) PSCU (CUSO) | 468,300 | | С | |
| (F) C U LENDING SYS , LLC | 75,000 | | С | |
| (G) HEARTLAND BUS SERV , LLC | 25,000 | | С | |
| (H) | , | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | 37,581,564 | | | |
| Reviewes Insuctments Record Related | | | | |
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| Pai | t VI | Governance, Management, and Disclosure 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 Check if Schedule O contains a response or note to any line in this Part VI | • | nse to l | lines |
| 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 1a 7 | | | |
| | 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 7 | | | |
| 2 | | ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee, or key employee? | 2 | | No |
| 3 | | ne organization delegate control over management duties customarily performed by or under the direct supervision licers, 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 | Dıd th meml | 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 | | ne organization contemporaneously document the meetings held or written actions undertaken during the year by ollowing | | | |
| а | The g | overning body? | 8 a | Yes | |
| b | Each | committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 9 | | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the lization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction | B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | _ | | Yes | No |
| 10a | Did th | 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? | 10ь | Yes | |
| 11a | Has to | 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 confli | officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to cts? | 12b | Yes | |
| С | | ne organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in dule O how this was done</i> | 12c | Yes | |
| 13 | Did th | ne organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Dıd tl | 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 | Yes | |
| b | ın joir | s," did the organization follow a written policy or procedure requiring the organization to evaluate its participation at venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt swith respect to such arrangements? | 16b | Yes | |
| S. | ction | C. Disclosure | 100 | 163 | |
| <u> 36</u> 17 | | ne States with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section | on 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s available 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 | Descr | be in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | | | |
| | <u> </u> | and financial statements available to the public during the tax year. | | | |

(A)

Name and Title

Part VII

(F)

Estimated

amount of other

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

than one box, unless person l

(D)

Reportable

compensation

(E)

Reportable

compensation

- 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

(B)

Average

hours per

- 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

| | hours per week (list any hours for related | , | | n of tor/t | ficei | r and a :ee) | a | compensation from the organization (W- 2/1099- | compensation from related organizations (W- 2/1099- | amount of other compensation from the organization and |
|---|---|-----------------------------------|-----------------------|---------------|--------------|------------------------------|----------|---|--|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | key employee | Highest compensated employee | Former | MISC) | MISC) | related organizations |
| (1) RANDY PRATT CHAIRMAN | 2 00 | Х | | | | | | О | 0 | 0 |
| (2) GARY DIERKS VICE CHAIRMAN | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (3) KEITH EMERY SECRETARY | 2 00 | Х | | | | | | o | 0 | 0 |
| (4) BOB KILLION TREASURER | 2 00 | Х | | | | | | o | 0 | 0 |
| (5) ADAM THURAU DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (6) PEGGY HABERBERGER DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (7) JUANITA NOVOTNY DIRECTOR | 2 00 | Х | | | | | | 0 | 0 | 0 |
| (8) LINDA ALLEN PRESIDENT | 40 00 | | | х | | | | 262,573 | 0 | 105,326 |
| (9) JOHN GERKE SENIOR VICE PRESIDENT | 40 00 | | | х | | | | 152,476 | 0 | 78,574 |
| (10) PATTI POE SENIOR VICE PRESIDENT | 40 00 | | | х | | | | 134,695 | 0 | 15,811 |
| (11) CASSANDRA HENDRIXON SENIOR VICE PRESIDENT | 40 00 | | | х | | | | 117,534 | 0 | 5,721 |
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| Form 990 (2018) | | | | | | | | | | Page 8 |
|------------------------------------|---|-----------------------------------|-----------------------|----------------|-------------------------|------------------------------|--------|---|--|---|
| Part VII Section A. Officers, Dire | ctors, Trustees | s, Key I | Emp | loye | ees, | and I | High | nest Compensate | d Employees (co | ntinued) |
| (A) Name and Title | (B) Average hours per week (list any hours | | ne b | ox, ι an of | t che unle: ficer | ss pers | on | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| | | | | | | | | | | |

| | นธษะ | Trustee | ee e | pensated | | |
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| 1b Sub-Total c Total from continuation | | | | | | > | | | | |
|---|------|------|--------|------|------|-------------|------|---------------------|---------|---------|
| d Total (add lines 1b and | l1c) | | | | | ▶ | | 667,278 | 0 | 205,432 |
| 2 Total number of individ of reportable compensa | | | e list | ed a | bove | e) who | rece | eived more than \$1 | .00,000 | |
| | | | | | | | | | | |

| 1b 9 | Sub-Total | | | | | | > | | | | | |
|------|--|--------------------------|----|---------|-------|------|-------------|----------------------|------------------|---|-----|---------|
| c 1 | otal from continuation sheets to Pa | art VII , Section | Α. | | | | ▶ | | | | | |
| d٦ | otal (add lines 1b and 1c) | | | | | | ▶ | 667,278 | 0 | | | 205,432 |
| 2 | Total number of individuals (including of reportable compensation from the | | | se list | ted a | abov | e) wh | o received more than | ո \$100,000 | | | |
| | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former of line 1 a2 If "Yes " complete Schedule 1 | • | | tee, k | key (| empl | oyee, | or highest compensa | ated employee on | _ | | |

| 1b 9 | Sub-Total | | | |
|------------|--|---|-----|---------|
| c T | Total from continuation sheets to Part VII, Section A ▶ | | | |
| d 1 | Total (add lines 1b and 1c) | 0 | | 205,432 |
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 4 | | | |
| | | | Yes | No |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No |
| | | | | |

| | Total from continuation sheets to Part VII, Section A ▶ Total (add lines 1b and 1c) | 0 | | 205,432 | | | | | | |
|---|--|---|-----|---------|--|--|--|--|--|--|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 4 | | | | | | | | | |
| | | | Yes | No | | | | | | |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No | | | | | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | _ | Vaa | | | | | | | |
| | | 4 | Yes | | | | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person | _ | | | | | | | | |

| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 3 | | No | | | |
|----|--|---|-----|----|--|--|--|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No | | | |
| Se | Section B. Independent Contractors | | | | | | |

| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | | | | | |
|---|---|---|-----|--|--|--|--|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | | | | | | |
| S | ection B. Independent Contractors | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. | | | | | | | |

| | ındıvıdual | 4 | Yes | | | | | |
|---|---|--------|-------|----|--|--|--|--|
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No | | | | |
| S | Section B. Independent Contractors | | | | | | | |
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Perset compensation for the calendar year ending with or within the organization of the confirmation of the confirmation of the calendar year ending with or within the organization of the confirmation of th | npensa | ition | | | | | |

| | services rendered to the organization it "Yes," complete Schedule I for such person | | No No |
|----|---|-----------------------------|---------------------|
| Se | ection B. Independent Contractors | | |
| 1 | Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors. | | nsation |
| | (A) Name and business address | (B) Description of services | (C) Compensation |

| from the organization. Report compensation for the calendar year ending with or within the organization. | | isation |
|--|-----------------------------|----------------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| | | |
| | | |
| | | |

Form **990** (2018)

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

| | | Statement of | Boyonuo | | | | | | | | | Page 9 |
|---|---------------------------------------|---|----------------|---------------------|--|-----------|---------------|---------------|-----------------------------------|--------|--------------------------------------|--|
| Part | VIII | | | , roen | onse or note to any | lina in H | hic Bort VIII | | | | | |
| | | Check II Schedul | e O contains | a respo | onse of note to any | (| A) revenue | Re e fu | (B) lated or xempt inction evenue | bı | (C) nrelated usiness evenue | (D) Revenue excluded from tax under sections 512 - 514 |
| | 1 | a Federated campaig | ns | 1a | | | | | | | I | |
| nts ints | | b Membership dues | | 1 b | | | | | | | | |
| Sra not | | c Fundraising events | | 1c | | | | | | | | |
| Š, (An | | d Related organizatio | | 1d | <u> </u> | | | | | | | |
| Gift Ia | | e Government grants (co | | 1e | <u> </u> | | | | | | | |
| ii. | | f All other contributions | | 16 | <u> </u> | | | | | | | |
| io I S | | and similar amounts n | ot included | 1f | | | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | g Noncash contribution in lines 1a - 1f \$ | ons included | | | | | | | | | |
| ರ ಕ | | h Total. Add lines 1a | -1f | | • | | | | | | | |
| | | | | | Business | Code | | | | | | |
| ne. | 28 | INTEREST ON LOANS | | | | 522100 | 7,9 | 35,602 | 7,935 | ,602 | | |
| 4 | b | FEES & OTHER INCOME | | | | 522100 | 4,8 | 09,347 | 4,809 | ,347 | | |
| τ. E | c | NON-MEMBER FEES | | | | 522100 | | 72,592 | | | 72,59 | 92 |
| rvic | d | WARRANTY SALES | | | | 524298 | | 11,800 | | \top | 11,80 | 00 |
| ፠ | e | OTHER | | | | 900099 | | 6,050 | | | 6,05 | 50 |
| Iran | | | | | | 500099 | | | | -+ | | |
| Program Service Revenue | f | All other program se | rvice revenue | | 17.9 | 35,391 | | | | | | |
| _ | g | Total. Add lines 2a-2 | 2f | | > | , | | | | | | |
| | | Investment income (i | | | interest, and other | _ | 1,092,28 | 4 | 1,092,284 | | | |
| | | Income from investm | | | ond proceeds | . | . , | | , , | | | |
| | | - 1. | | | | 29,31 | 1 | 29,311 | | | | |
| | | | (ı) Rea | | (II) Personal | | | | | | | |
| | 6 <i>a</i> | Gross rents | | | | | | | | | | |
| | b Less rental expenses | | | | | - | | | | | | |
| | c Rental income or | | | | 1 | | | | | | | |
| | (loss) d Net rental income or (loss) | | | | | _ | | | | | | |
| | • | Net rental income o | r (loss) | • | <u> </u> | | | | | | | |
| | _ | Cross amount | (ı) Securit | ies | (II) Other | 4 | | | | | | |
| | / ā | Gross amount from sales of | | | 76,363 | 3 | | | | | | |
| | | assets other than inventory | | | | | | | | | | |
| | ŀ | Less cost or | | | | 1 | | | | | | |
| | | other basis and sales expenses | | | 71,928 | 3 | | | | | | |
| | | Gain or (loss) | | | 4,435 | 5 | | | | | | |
| | | l Net gain or (loss) | | | • | | 4,43 | 5 | 4,435 | | | |
| au | 8a | Gross income from f (not including \$ | _ | ents of | | | | | | | | |
| Š | | contributions reporte | ed on line 1c) | |] | | | | | | | |
| eve | | See Part IV, line 18 | | | | 4 | | | | | | |
| Other Revenue | | Less direct expense Net income or (loss) | | b sing ev | ents - | J | | | | | | |
| the | | Gross income from g | | _ | | 1 | | | | | | |
| Ò | | See Part IV, line 19 | | | J | | | | | | | |
| | | | | а | | 4 | | | | | | |
| | | Less direct expense Net income or (loss) | | b | | | | | | | | |
| | | Gross sales of invent | | activit | ies > | 1 | | | | | | |
| | | returns and allowand | | | J | | | | | | | |
| | | | | а | | | | | | | | |
| | | Less cost of goods s | | b | | | | | | | | |
| | _ | Net income or (loss) Miscellaneous | | invent | tory ► Business Code | | | | | | | |
| | 11 | | veseine | | Dualifess Code | 1 | | | | | | |
| | | | | | | | | | | | | |
| | ŀ | | | | | | | | | | | |
| | • | | | | | | | | | | | |
| | | | | | | + | | | | | | |
| | • | • | | | | | | | | | | |
| | _ | d All other revenue . | | | | - | | | | | | |
| | | Total. Add lines 11a | | | • | 1 | | | | | | |
| | | | | | - | | | | | | | |
| | 14 | 2 Total revenue. See | instructions | • • | | | 13,961,42 | 1 | 13,870,979 | | 90,442 | 0 |

| Forn | 1 990 (2018) | | | | Page 10 |
|------|---|------------------------|------------------------------|---|-----------------------------------|
| | art IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all co | lumns All other orga | nızatıons must com | plete column (A) | |
| | Check if Schedule O contains a response or note to any | line in this Part IX . | | | <u> \square</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 5,400 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| | Compensation of current officers, directors, trustees, and key employees | 872,710 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 2,983,810 | | | |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 73,340 | | | |
| 9 | Other employee benefits | 338,570 | | | |
| 10 | Payroll taxes | 259,901 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 123,501 | | | |
| c | Accounting | 74,051 | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 5,280 | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 71,295 | | | |
| 12 | Advertising and promotion | 293,655 | | | |
| 13 | Office expenses | 1,572,117 | | | |
| 14 | Information technology | 572,661 | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 404,338 | | | |
| 17 | Travel | 50,771 | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| 19 | Conferences, conventions, and meetings | 28,549 | | | |
| 20 | Interest | 49,409 | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 662,147 | | | |
| 23 | Insurance | 81,249 | | | |
| 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 | 1,450,931 | | | |
| İ | b LOAN SERVICING | 950,921 | | | |
| • | c MEMBER DIVIDENDS | 573,680 | | | |
| • | d FRAUD & OTHER LOSSES | 102,036 | | | |
| | e All other expenses | 312,143 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 11,912,465 | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

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 ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

| | | Check if Schedule O contains a response or not | e to ar | ny line in this Part IX 🔒 . | | | 🛚 |
|-------|--------|--|-------------|-----------------------------|--------------------------|-----|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | i | 3,777,520 | 1 | 3,185,350 |
| | 2 | Savings and temporary cash investments . | 9,366,546 | 2 | 6,329,237 | | |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 6 | Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L | | 5 | | | |
| ssets | 7 | Notes and loans receivable, net | • | | 150,614,628 | 7 | 171,688,502 |
| SS | 8 | Inventories for sale or use | | | | 8 | |
| ⋖ | 9 | Prepaid expenses and deferred charges | | | 521,588 | 9 | 401,442 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 15,007,690 | | | |
| | b | Less accumulated depreciation | 10 b | 7,223,167 | 8,023,107 | 10c | 7,784,523 |
| | 11 | Investments—publicly traded securities . | | | | 11 | |

47.088.802

7.104.033

4,257,253

226.496.224

200.083.563

204,340,816

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22,155,408

22,155,408

226,496,224

37.581.564

7.399.166 234.369.784

2.359.520

6,630,501

201.935.506

210.925.527

0

23,444,257

23,444,257

234,369,784

Form **990** (2018)

| Form 990 | (2018) Page 12 |
|--|---|
| Part XI | Reconcilliation of Net Assets |
| | Check if Schedule O contains a response or note to any line in this Part XI |
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| | Schedule D (Form 990) 2018 |
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Additional Data

Software Version:

EIN: 43-0663009

Software ID:

Name: ARSENAL CREDIT UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDES FINANCIAL AND FINANCIALLY RELATED SERVICES TO 26.953 MEMBERS

Form 990, Part III, Line 4b: PROVIDES A SOURCE OF CREDIT TO MEMBERS AT FAIR AND REASONABLE RATES OF INTEREST. AS OF DECEMBER 31, 2018, THERE WERE 17,090 LOANS OUTSTANDING TOTALING \$173,184,140

Form 990, Part III, Line 4c: PAID DIVIDENDS ON MEMBER DEPOSITS TOTALING \$573,680 FOR THE YEAR

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

Supplemental Financial Statements

43-0663009

DLN: 93493155004159 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ARSENAL CREDIT UNION

(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.

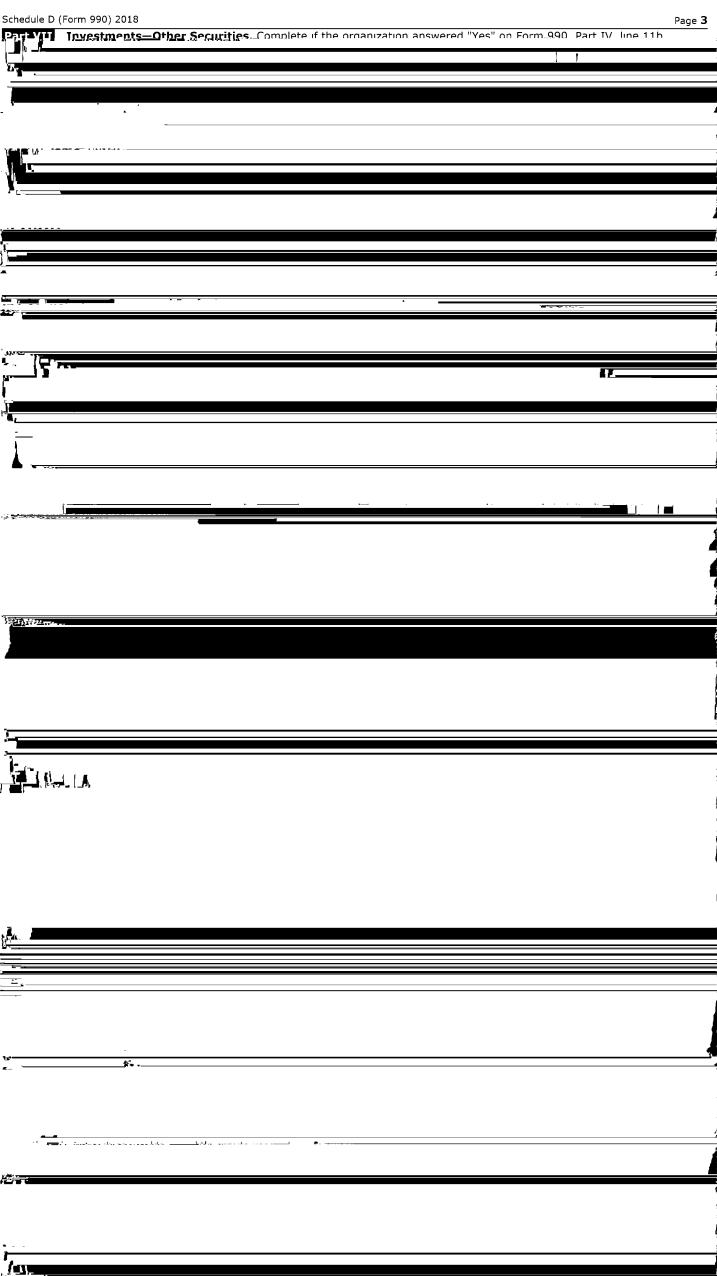
▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection **Employer identification number**

| Pa | Organizations Maintaining Donor Advis | | | | or Acc | counts. |
|-------|---|------------------------|--------------------|----------------------|-----------|--|
| | Complete if the organization answered "Ye | (a) Donor | | | Τ | (b)Funds and other accounts |
| | Total number at end of year | (4) 501101 | aavi | 223 141143 | | Toy, and and other accounts |
| , | Aggregate value of contributions to (during year) | | | | | |
| | Aggregate value of grants from (during year) | | | | | |
| i | Aggregate value at end of year | | | | | |
| | | | | | 4 | 6 J 16 |
| | Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex Did the organization inform all grantees, donors, and do | clusive legal control | ? | | | ☐ Yes ☐ No |
| , | charitable purposes and not for the benefit of the donor private benefit? | | | | | |
| Pa | rt II Conservation Easements. Complete if th | ne organization ar | iswe | red "Yes" on For | m 990 |), Part IV, line 7. |
| | Purpose(s) of conservation easements held by the organ | nization (check all th | nat a _l | oply) | | |
| | Preservation of land for public use (e g , recreation | or education) | | Preservation of a | n histor | rically important land area |
| | Protection of natural habitat | | П | Preservation of a | certifie | d historic structure |
| | П | | _ | | 20, 01110 | |
| | ☐ Preservation of open space | | | | | |
| - | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year | qualified conservati | on co | ntribution in the fo | orm of a | Held at the End of the Year |
| а | Total number of conservation easements | | | | 2a | Tield at the Lift of the Tear |
| b | Total acreage restricted by conservation easements | | | | 2b | |
| c | Number of conservation easements on a certified historic | c structure included | ın (a |) | 2c | |
| d | Number of conservation easements included in (c) acqui | | • | • | 2d | |
| u | structure listed in the National Register | rea arter 7/25/00, 8 | 1110 11 | ot on a mistoric | Zu | |
| 3 | Number of conservation easements modified, transferre tax year ▶ | d, released, extingu | ished | d, or terminated by | the or | ganization during the |
| | Number of states where property subject to conservation | | | | | |
| | All three or states where property stiplect to conservation | n easement is incat | en 🏲 | | | |
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| Par | t III | Organizations Ma | aintaining Col | lections c | of Art, Hi | istori | cal T | reası | ıres, oı | Other | Similar A | ssets (co | ntınued) | |
|-----|------------------|--|------------------------------|--------------|--------------|---------|----------|---------|-----------|-------------|---------------|---------------------------------------|---------------------|----------|
| 3 | | ig the organization's acq is (check all that apply) | uisition, accessior | n, and other | records, o | check | any of | the fo | llowing t | hat are a | significant i | use of its c | ollection | |
| а | | Public exhibition | | | | d | | Loan | or exch | ange prog | ırams | | | |
| b | | Scholarly research | | | | е | | Othe | r | | | | | |
| c | | Preservation for future | e generations | | | | | | | | | | | |
| 4 | | ride a description of the XIII | organization's col | lections and | l explain h | ow the | ey furtl | ner the | e organiz | zation's ex | kempt purpo | ose in | | |
| 5 | | ng the year, did the orga ets to be sold to raise fur | | | | | | | | | ular | ☐ Yes | □ N e | o |
| Pai | rt IV | Escrow and Cust Complete if the ory X, line 21. | | | " on Forn | n 990 | , Part | IV, lı | ne 9, o | r reporte | ed an amou | unt on Fo | rm 990, I | Part |
| 1a | | ne organization an agent uded on Form 990, Part I | | an or other | intermedia | ary for | contri | bution | s or othe | er assets | not | ☐ Yes | ☑ No | o |
| b | If "Y | es," explain the arrange | ement in Part XIII | and comple | ete the foll | owing | table | | | | A | mount | | - |
| С | | inning balance | | · | | _ | | | | 1c | | | | - |
| d | Addı | itions during the year | | | | | | | | 1d | | | | _ |
| е | Dist | ributions during the year | r | | | | | | | 1e | | | | _ |
| f | End | ng balance | | | | | | | | 1f | | | | _ |
| 2a | Did ¹ | the organization include | an amount on Fo | rm 990. Par | t X. line 2 | 1. for | escrow | or cu | stodial a | ccount lia | ability? | ✓ Yes | □ No | -) |
| | | es," explain the arrange | | | | | | | | | | | | |
| | rt V | Endowment Fund | | | | | | | | | | | | |
| | | | | (a)Currer | | | rior yea | | | | (d)Three ye | | e) Four year | s back |
| 1a | Begin | ning of year balance . | | | | | | | | | | | | |
| b | Contr | ibutions | | | | | | | | | | | | |
| c | Net ır | nvestment earnings, gair | ns, and losses | | | | | | | | | | | |
| d | Grant | s or scholarships | | | | | | | | | | | | |
| e | | expenditures for facilitier controls | es | | | | | | | | | | | |
| f | Admır | nistrative expenses . | | | | | | | | | | | | |
| g | End o | f year balance | | | | | | | | | | | | |
| 2 | Prov | ride the estimated perce | ntage of the curre | ent year end | balance (| line 1 | g, colu | mn (a |)) held a | s | | | | |
| а | Boai | rd designated or quasi-e | ndowment 🟲 | | | | | | | | | | | |
| b | Pern | manent endowment 🕨 | | | | | | | | | | | | |
| С | Tem | porarily restricted endov | wment 🟲 | | | | | | | | | | | |
| | The | percentages on lines 2a | , 2b, and 2c shou | ld equal 100 | 0% | | | | | | | | | |
| 3а | | there endowment funds anization by | not in the posses | sion of the | organizatio | on that | t are h | eld an | d admın | stered fo | r the | | Yes | No |
| | (i) t | unrelated organizations | | | | | | | | | | 3a(| i) | |
| | | related organizations . | | | | | | | | | | 3a(i | ii) | |
| | | 'es" on 3a(11), are the re | - | | • | | | ? . | | | | 3b |) | |
| 4 | | cribe in Part XIII the inte | | | n's endow | ment f | unds | | | | | | | |
| Pa | rt VI | Land, Buildings, Complete if the ord | | | " on Forn | n 000 | Dart | T\/ 1. | no 11 a | Sec For | -m 000 D- | art V Juno | 10 | |
| | Desc | ription of property | (a) Cost or oth (investme | er basis | (b) Cost o | | | | | | lepreciation | · · · · · · · · · · · · · · · · · · · | Book value | <u> </u> |
| 1~ | اجمحا | | | | | | 1 9 | 10,163 | | | | | 1 | ,810,163 |
| | Land | | | | | | | 59,597 | | | 3,125,252 | | | ,734,345 |
| | Buildi | _ | | | | | • | 23,105 | | | 23,105 | | 4, | ,734,345 |
| | | chold improvements | | | | | | 14,825 | | | 4,074,810 | | 1 | ,240,015 |
| u | -quip | ment | I | | I | | ٠,٥. | - 1,023 | 1 | | 1,0,7,010 | | 1 | ,0,010 |

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



Schedule D (Form 990) 2018

| Pa | | e venue per Audited Financial State lization answered 'Yes' on Form 990, Pi | | - | Return | |
|-------|------------------------------------|--|----------|------------------|--------------------|--------------------|
| 1 | | support per audited financial statements . | | | 1 | |
| 2 | Amounts included on line 1 but n | ot on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on i | investments | 2a | | | |
| b | Donated services and use of facili | lities | 2b | | | |
| С | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) . | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not include | ed on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) . | | 4b | | | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | Total revenue Add lines 3 and 4 | c. (This must equal Form 990, Part I, line 12 | 2). | | 5 | |
| Par | t XII Reconciliation of Ex | penses per Audited Financial State | ments | With Expenses pe | r Return. | |
| 1 | | uzation answered 'Yes' on Form 990, Paldited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but n | | | | | |
| | | , , | ء ا | I | | |
| a | Donated services and use of facili | | 2a 2b | | _ | |
| b | Prior year adjustments | | F | | | |
| с | Other losses | | 2c | | _ | |
| d | Other (Describe in Part XIII) | | 2d | | \dashv \square | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | | | | | 3 | |
| 4 | · · | Part IX, line 25, but not on line 1: | ١ | I | | |
| a | • | ed on Form 990, Part VIII, line 7b | 4a | | _ | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| С | | | | | 4c | |
| 5 | | 4c. (This must equal Form 990, Part I, line : | 18) . | | 5 | |
| | t XIII Supplemental Info | | | | | |
| | | Part II, lines 3, 5, and 9, Part III, lines 1a ar s 2d and 4b Also complete this part to prov | | | art V, line 4, Pa | rt X, line 2, Part |
| | Return Reference | | Ex | planation | | |
| See A | Addıtıonal Data Table | | | | | |
| | | | | <u> </u> | | |
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Page **4**

| Schedule D (Form 990) 2018 | Page 5 |
|-----------------------------|--------------------|
| Part XIII Supplemental Info | mation (continued) |
| Return Reference | Explanation |
| | |
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Schedule D (Form 990) 2018

Additional Data

Supplemental Information

Return Reference

Part IV, Line 2b

COUNSEL

Explanation

Software ID: Software Version:

Name: ARSENAL CREDIT UNION

EIN: 43-0663009

CLEARPOINT CREDIT COUNSELING SOLUTIONS, A NON-PROFIT CONSUMER FINANCIAL COUNSELING AND EDU

CATIONAL SERVICES AGENCY, PROVIDES MEMBERS WITH FREE CREDIT COUNSELING AND HOUSING ING SERVICES, INCLUDING PRE-PURCHASE AND MORTGAGE DELINQUENCY COUNSELING

DLN: 93493155004159 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number ARSENAL CREDIT UNION 43-0663009 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

| SCHOOL ONE STUDENT RECEIVED \$1,500, TWO RECEIVED \$1,200 EACH, AND TWO OTHERS RECEIVED \$750 EACH | | | |
|--|--|--|--|
| (2) | | | |
| (3) | | | |

5,400

(4) (5)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2018

NON-RENEWABLE SCHOLARSHIPS WERE AWARDED TO FIVE ARSENAL CREDIT UNION

Part III

(1)

(6)

(7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation ARSENAL CREDIT UNION'S SCHOLARSHIP PROGRAM AWARDS UP TO \$5,400 TO GRADUATING HIGH SCHOOL SENIORS PLANNING TO ATTEND A COLLEGE, TRADE OR

Return Reference Part I, Line 2 TECHNICAL SCHOOL ELIGIBLE STUDENTS MUST HAVE BEEN A PRIMARY MEMBER OF THE CREDIT UNION FOR AT LEAST ONE FULL YEAR PRIOR TO THE APPLICATION SUBMISSION DUE DATE AND BE ON TRACK TO GRADUATE IN THE SPRING THE SCHOLARSHIP COMMITTEE REVIEWS AND SCORES THE ANONYMOUS APPLICATIONS

WINNERS ARE ANNOUNCED AT THE ANNUAL MEETING AND AWARDS ARE DIRECTLY DEPOSITED INTO THEIR ARSENAL ACCOUNTS. FUNDS CAN BE USED FOR ANY COLLEGE EXPENSES

Page **2**

| efile GRAPHIC pr | int - DO NOT PROCESS As | Filed Data - | | DLN: | 93493155004 | 159 | |
|---|---|--|-----------------------------------|-----------------|-----------------|------|--|
| Schedule J | Com | pensation In | formation | | OMB No 1545- | 0047 | |
| (Form 990) | For certain Officers, | 0044 | | | | | |
| | ► Complete if the organi | Compensated Emp zation answered "Ye | es" on Form 990, Part IV | , line 23. | 2018 | | |
| Department of the Treasury | ► Go to <u>www.irs.gov/</u> | ► Attach to Form Form990 for instruct | 990. ions and the latest infor | mation. | Open to Pu | blic | |
| Internal Revenue Service | | | |] E | Inspectio | n | |
| Name of the organize ARSENAL CREDIT UNIO | | | | Employer identi | lication number | | |
| Part I Questi | ons Regarding Compensation | <u> </u> | | 43-0663009 | | | |
| - Questi | one regarding compensation | - | | | Yes | No | |
| | piate box(es) if the organization prection A, line 1a Complete Part III | | | | | | |
| | or charter travel | | allowance or residence for | | | | |
| _ | companions | | ts for business use of perso | • | | | |
| | nification and <u>dross-up navments</u> | Health o | r social club dues or initiati | ion fees | | | |
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| | | | y Employees, and Hi | | | | | |
| instructions, on row (ii) | Do no | ot list any individuals that | rted on Schedule J, report t are not listed on Form 9 | 90, Part VII | - | _ | | |
| Note. The sum of column | ns (B |)(ı)-(ııı) for each listed ınd | dividual must equal the to | otal amount of Form 990, | Part VII, Section A, line | 1a, applicable column (D) |) and (E) amounts for tha | t individual |
| (A) Name and Title | | (B) Breakdown (i) Base compensation | of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation | 1 , , | | (D) Nontaxable benefits | (E) Total of columns (B)(ı)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1 LINDA ALLEN PRESIDENT | (i) | 223,158 | 20,375 | 19,040 | 88,170 | 17,156 | 367,899 | 0 |
| PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 JOHN GERKE SENIOR VICE PRESIDENT | (i) | 130,856 | 7,352 | 14,268 | 61,862 | 16,712 | 231,050 | 0 |
| SEMION FIGE PRESIDENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 PATTI POE SENIOR VICE PRESIDENT | (i) | 120,568 | 6,873 | 7,254 | 6,544 | 9,267 | 150,506 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| Part III Supplemental Inform | t III Supplemental Information | | | | |
|--|--|--|--|--|--|
| Provide the information, explanation, or | rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information | | | | |
| Return Reference | Explanation | | | | |
| , | THE BOARD OF DIRECTORS EVALUATES THE PRESIDENT'S PERFORMANCE ANNUALLY UPON CONCLUSION OF THE WRITTEN EVALUATION, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS COMPENSATION, SALARY SURVEYS AND OTHER ECONOMIC AND MARKET FACTORS/DATA, AND MAKES RECOMMENDATIONS TO THE CREDIT UNION'S BOARD OF DIRECTORS AS TO MERIT INCREASES IN COMPENSATION AND BENEFITS | | | | |

Page 3

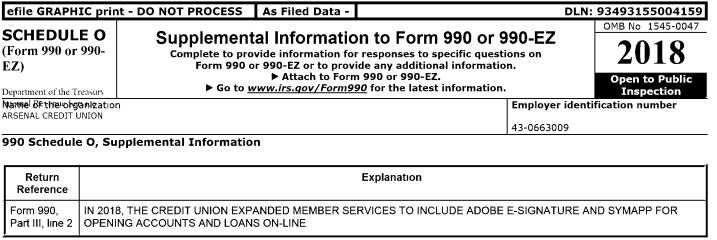
Schedule 1 (Form 990) 2018

Schedule J (Form 990) 2018

Part I, Line 4b THE FOLLOWING OFFICERS ARE PARTICIPANTS IN 457(B) and 457(F) DEFERRED COMPENSATION PLANS, THE RELATED AMOUNTS FOR 2018 ARE LISTED BELOW

LINDA ALLEN, PRESIDENT - \$18,000 457(B), \$69,783 457(F) JOHN GERKE, SENIOR VICE PRESIDENT - \$17,500 457(B), \$47,567 457(F) THERE WERE NO

IDISTRIBUTIONS DURING THE YEAR



Return
Reference

Explanation

THE CREDIT LINION IS MUTUALLY OWNED BY MEMBERS

line 6

Form 990, Part VI, Section A.

Return
Reference

Explanation

Explanation

line 7a

Form 990,
Part VI,
Section A,

Return Explanation
Reference

Form 990,
Part VI,
Section A,
Inne 7b

CERTAIN SIGNIFICANT CHANGES ARE SUBJECT TO APPROVAL BY THE CREDIT UNION MEMBERS, HOWEVER, NO
SUCH CHANGES WERE MADE DURING THE YEAR

Return Reference

THE SENIOR VICE PRESIDENT OF FINANCE REVIEWS THE FORM 990 BEFORE FILING

line 11b

Form 990, THE SENIOR VICE PRESIDENT OF FINANCE REVIEWS THE FORM 990 BEFORE FILING
Part VI,
Section B,

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Iline 12c

ON AN ANNUAL BASIS, ALL OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW THE CONFL
ICT OF INTEREST POLICY, COMPLETE A DISCLOSURE OF ANY INTERESTS THAT COULD GIVE RISE TO CON
FLICTS, AND SUBMIT A SIGNED STATEMENT TO THAT EFFECT THESE STATEMENTS ARE MAINTAINED ON F

ILE AT THE CREDIT UNION

Return

| Reference | <u> </u> |
|--|---|
| Form 990, Part VI, Section B, line 15 | THE BOARD OF DIRECTORS EVALUATES THE PRESIDENT'S PERFORMANCE ANNUALLY UPON CONCLUSION OF THE WRITTEN EVALUATION, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE COMPENSATION, SAL ARY SURVEYS AND OTHER ECONOMIC AND MARKET FACTORS/DATA, AND MAKES RECOMMENDATIONS TO THE C REDIT UNION'S BOARD OF DIRECTORS AS TO MERIT INCREASES IN COMPENSATION AND BENEFITS THE P RESIDENT EVALUATES THE OTHER OFFICERS' PERFORMANCE ANNUALLY UPON CONCLUSION OF THE WRITTE N EVALUATION, THE PRESIDENT REVIEWS COMPENSATION AND SALARY SURVEYS INCREASES ARE AWARDED WITHIN THE BOARD APPROVED COMPENSATION BUDGET FOR THE YEAR |

Explanation

Return Explanation
Reference

| Form 990, | FINANCIAL STATEMENTS ARE POSTED IN THE LOBBY AND ON THE CREDIT UNION WEBSITE, PRESENTED AT |
|------------|--|
| Part VI, | THE ANNUAL MEETING, AND ARE AVAILABLE UPON REQUEST. IN ADDITION, THE NCUA WEBSITE POSTS F |
| Section C, | NANCIAL INFORMATION AS PART OF THE QUARTERLY CALL REPORTS OTHER DOCUMENTS, POLICIES, AND |
| line 19 | PROCEDURES ARE AVAILABLE UPON REQUEST |