DLN: 93493266002129 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization CAMPUS USA CREDIT UNION D Employer identification number B Check if applicable ☐ Address change 59-0637646 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 14007 NW 1ST ROAD (352) 335-9090 □ Application pending City or town, state or province, country, and ZIP or foreign postal code JONESVILLE, FL  $\,$  32669 G Gross receipts \$ 91,010,461 Name and address of principal officer H(a) Is this a group return for JERRY BENTON □Yes ☑No subordinates? 14007 NW 1ST ROAD H(b) Are all subordinates JONESVILLE, FL 32669 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c) (14) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ 2106 Website: ► WWW CAMPUSCU COM L Year of formation 1935 M State of legal domicile FL Summary 1 Briefly describe the organization's mission or most significant activities CAMPUS USA IS A NON-PROFIT FINANCIAL INSTITUTION PROVIDER IT HAS SIX COUNTIES FOR MEMBERSHIP WITH COMPETITIVE SAVINGS AND LOAN OPTIONS ALONG WITH EXCEPTIONAL MEMBER SERVICE Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 5 392 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 11 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 165,904 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 70,976,553 80,958,674 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 4,144,185 4,212,164 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,784,755 2,161,942 76,905,493 87,332,780 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 297,788 260,694 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 25,460,001 26,412,240 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 34,626,376 39,432,218 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 60,384,165 66,105,152 19 Revenue less expenses Subtract line 18 from line 12 . 16,521,328 21,227,628 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 1,654,986,507 1,849,798,086 1,636,825,590 21 Total liabilities (Part X, line 26) . 1,459,813,772 22 Net assets or fund balances Subtract line 21 from line 20 . 212,972,496 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-09-20 Signature of officer Sign Here JENNIFER HUNT CFO Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P01076394 Paid self-employed Firm's name ► DOEREN MAYHEW Firm's EIN ▶ 38-2492570 Preparer Use Only Firm's address ► 12060 SW 129 CT STE 201 Phone no (305) 232-8272 MIAMI, FL 33186 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>
Pa	nt III Statem	ent of Program Service Acc	complishments		
	Check ıf	Schedule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe	the organization's mission			
			O THE NEEDS OF THE MEMBERSHIP E ZATION WHICH MAINTAINS A STRON		CIAL SERVICES OUR
2	Did the organiza	ation undertake any significant pro	gram services during the year which v	vere not listed on	
	the prior Form 9	990 or 990-EZ?			☐ Yes ☑ No
	If "Yes," describ	e these new services on Schedule	0		
3	Did the organiza	ation cease conducting, or make si	gnificant changes in how it conducts, a	any program	
		e these changes on Schedule O			☐ Yes ☑ No
4	Describe the org Section 501(c)(	ganızatıon's program service accon	nplishments for each of its three large required to report the amount of grai ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Dat		molaamy grants or ¢	, (	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program : (Expenses \$	services (Describe in Schedule O )		(Revenue \$	)
	• •	service expenses >	у <del>-</del> <del>-</del> <del>-</del> <del>-</del>	V = . 20.22 4	

Par	tiv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	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?  If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I			No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		No
8				No
•	If "Yes," complete Schedule D, Part III	8		<b>——</b>
9	for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(u)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		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?	201		
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	20b 21	Yes	

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Νo

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Part	Checklist of Required Schedules (continued)					
			Yes	No		
	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	Yes			
	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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a				
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II					
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No		
c .	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No		
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b				
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36				
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes			
Part	· · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part V	. ,				
	Fatorith annual and David and David and Fatority 1006 Fato		Yes	No		
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 25,494  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0					
n	enter the number of Forms W-24- included in line 12 <i>Enter-0</i> - if not applicable 1.15.1					

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9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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9a

9h

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

10a

10b

11a

11b

12b

13b

13c

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Pai	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	" resp	onse to i	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7		Yes	No_
	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  7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	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	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	0-	Vaa	
a b	The governing body?	8a 8b	Yes Yes	
	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9	165	No No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	- \	140
	ceton B. Foncies (This Section B requests information about policies not required by the Internal Neventa		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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 in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
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-A if applicable), 990, and 990-T (501(c)(3)s only) 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	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  ▶JERRY BENTON 14007 NW 1ST ROAD JONESVILLE, FL 32669 (352) 335-9090			

INVESTMENT SERVICES MANAGER

VP COMMERCIAL LOAN MANAGER

(15) DAVID M BARBER

VP CONSUMER LENDING

(17) MARLON AWUMA

FINANCIAL ADVISOR

(16) ROSS JONES

Part VII

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

and Independent Contractors

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • 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 trus compensated employees, and former such persor		rs, ınstı	tution	nal t	:rust	ees, c	office	ers, key employees	s, highest	
$\square$ Check this box if neither the organization noi	r any related or	rganızat	aon c	omr	ens	ated a	any	current officer, dire	ctor, or trustee	
( <b>A</b> ) Name and Title	(B) Average hours per week (list any hours	perso and	an one	ne bo both recto	ot che ox, u h an or/tri	unless office rustee)	er )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) PRINCE HINSON DIRECTOR	2 50	×						0	0	0
(2) MARK WALDORFF DIRECTOR	2 50	×						0	0	0
(3) RUBEN RAMOS VICE CHAIR	2 50	X						0	0	0
(4) JAY HUTTO DIRECTOR	2 50	X						0	0	0
(5) KEITH BIRKETT CHAIR	2 50	X						0	0	0
(6) PAULA WELCH DIRECTOR	2 50	×						0	0	0
(7) RUBY PUCKETT DIRECTOR	2 50	×						0	0	0
(8) JERRY W BENTON CEO	40 00			x				586,174	0	138,483
(9) JENNIFER L HUNT CFO	40 00			x				263,284	0	71,357
(10) JAMES L THACKREY	40 00			x				240,339	0	73,794

CTO 40 00 (11) JEFFERY A THIEMAN Х 273.768 0 75.741 COO 40 00 (12) JILL E HARPER Χ 238,210 0 68,081 CHIEF HR OFFICER 40.00 (13) GABRIEL W HAMLETT 226,637 66,334 GENERAL COUNSEL 40 00 (14) FREDERICK E HILTON

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Form 990 (2018)

Гаі	Section A. Officers, Directors	, ilustees, k	Cy LIII	Pioy	CCS	, an	ıu illiç	,	- compensated	Linpioyees (co	nanaeu)		
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estim amount comper from	ated of other nsation the	
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ted	
(18) P	PETER SUBACH	40 00									_		
SPECI	AL ACCOUNTS MANAGER						×		134,344		0	19,300	
1b S	Sub-Total		<del></del>	<del>'</del>	<u>.                                    </u>	<u> </u>	<u> </u>						
c T	otal from continuation sheets to Part \	/II, Section A				•	•						
2	otal (add lines 1b and 1c)  Total number of individuals (including but of reportable compensation from the organization)	t not limited to				/e) v		ceıv	2,669,532 ed more than \$100	,000		640,572	
											Yes	No	
3	Did the organization list any <b>former</b> office line 1a? <i>If "Yes," complete Schedule J for</i>						e, or h	_	est compensated er		3	No	
4	For any individual listed on line 1a, is the organization and related organizations grandividual		7,0007			comp					4 Yes		
5	Did any person listed on line 1a receive of services rendered to the organization? If										5	No	
Se	ection B. Independent Contractors  Complete this table for your five highest		danand	ont o	ontr		re tha	+	sawad mara than t	100 000 of comp	nestion		
	from the organization Report compensat										ensation .		
	Name and I	(A) ousiness address							Descript	(B) tion of services	Compe		
ADVA	NCED SYSTEMS								SECURITY SYS	TEMS/ATM	2	,452,066	
WILLI	V 1 STREET STON, FL 32696												
PO BC	ANKING DX 205970 AS, TX 75320								ONLINE BANKI	NG		878,020	
JACK	HENRY AND ASSOCIATES								CORE SYSTEM	SOFTWARE		772,290	
MONE	0X 609 TTT, MO 65708												
	NTERNATIONAL CORP DX 952121			IT HARDWARE/MAINTENANCE					657,331				
DALLA	NS, TX 75395								IT HADDWADE	/MAINITEN ANCE		120 787	

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

DELL BUSINESS CREDIT

CAROL STREAM, IL 60197

compensation from the organization ▶ 38

PO BOX 5275

429,787

IT HARDWARE/MAINTENANCE

Page **8** 

		(2018)										Page <b>9</b>
Part	VIII					l.mam.#	hia Dart VIII					
		Check If Scheduli	e O contains a i	espo	nse or note to any	(	nis Paπ VIII (A) revenue	Rel e: fu	(B) ated or xempt nction	Unr bus	(C) related siness venue	(D) Revenue excluded from tax under sections 512 - 514
10	<b>1</b> a	Federated campaign	ns	1a	L				1			
nts unt	ŀ	<b>b</b> Membership dues .		1b								
Gra mo		Fundraising events	<u> </u>	1c								
Giffs, Grants ilar Amounts		d Related organization	ns	1d								
ija Jis	6	e Government grants (co	ontributions)	1e								
ons, Gifts, Grants Similar Amounts	f	F All other contributions, and similar amounts no	, gifts, grants,	ĺ								
utic Ter		above	ot included	1f								
tributio Other	g	Noncash contribution on lines 1a - 1f \$	ons included									
Contributions, and Other Sim	١,	h Total. Add lines 1a-	-1f	<del>-</del> .								
					Business	Code		I		$\overline{}$		1
<u> </u>	2a	INTEREST ON LOANS			Dusiness		63,7	781,663	63,781	,663		
145		FEES/CHARGES				522100	17,0	011,107	17,011	,107		
ož v		NON-MEMBER ATM FEES	5			522100		74,230		+	74,23	30
Ž Ž	_	INVESTMENT SERVICES				522200 523000		52,639		+	52,63	39
፠		MECHANICAL BREAKDON				524298		39,035		$\dashv$	39,03	35
Program Service Revenue						JZ7Z30				_		
ě		All other program se			80,9	58,674				•		
		Total. Add lines 2a-2			P	1					Г	
		Investment income (ir imilar amounts)			nterest, and other		4,248,32	7	4,248,327			
		Income from investme			•	· [						
	5 F	Royalties				·						
	6a	Gross rents	(ı) Real		(II) Personal	+						
						1						
	D	Less rental expenses										
	C	Rental income or (loss)										
	d	Net rental income oi	r (loss)	•		1						
			(ı) Securitie	s	(II) Other							
	7a	Gross amount from sales of	3,412	,689	228,829	9						
		assets other than inventory										
	b	Less cost or other basis and	2.454	100	222.400	1						
		sales expenses	3,454		223,489	_						
		Gain or (loss)  Net gain or (loss)		,503	5,340	<u>'</u>	-36,16	3	-36,163			
		Gross income from fu			<u> </u>		-30,10	1	-30,103			
<u>a</u>		(not including \$	of									
₹		contributions reporte See Part IV, line 18		a								
Other Revenue		Less direct expenses		ь								
her		Net income or (loss)			ents Þ			-				
5	Уa	Gross income from g See Part IV, line 19	• • •									
				a								
		Less direct expenses Net income or (loss)		b   Stryiti	ec .							
		Gross sales of invent		]	es <b>&gt;</b>	1						
		returns and allowanc										
	b	Less cost of goods s	sold	a b		+						
		Net income or (loss)		L	ory <b>&gt;</b>							
		Miscellaneous			Business Code							
	11	aOTHER INCOME			522100		2,161,94	2	2,161,942			
	b											
	D	•										
	c			$\dashv$		+						
	d	All other revenue .		$\dashv$								
	е	Total. Add lines 11a	-11d	•	•		2,161,94	2				
_	12	<b>Total revenue.</b> See	Instructions .				87,332,78	0	87,166,876		165,904	0
						-		-				Form <b>990</b> (2018)

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

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Form 990 (2018) Page 10 Statement of Functional Expenses  $\overline{\mathbf{V}}$ Check if Schedule O contains a response or note to any line in this Part IX . (C) (B) Do not include amounts reported on lines 6b, (D) (A) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundraisingexpenses general expenses expenses 260,694 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 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 2,322,202 key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 17,544,726 7 Other salaries and wages 2,539,849 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 2,607,955 9 Other employee benefits . **10** Payroll taxes . . 1,397,508 11 Fees for services (non-employees) a Management . . . 22.859 **b** Legal . 170,359 c Accounting **d** Lobbying . . . . e Professional fundraising services See Part IV, line 17 124,137 f Investment management fees . 477,861 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1,696,404 12 Advertising and promotion . 13 Office expenses . 5,424,038 **14** Information technology 15 Royalties . 2,463,807 **16** Occupancy **17** Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 12,646,655 **20** Interest . . . 179,000 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization . 2,859,177 350,254 23 Insurance . 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 5,350,000 b LOAN SERVICING 3.292.280 1,373,203 c DEBIT CARD SERVICES 1,185,103 d NEGATIVE SHARES COURTES 1,817,081 e All other expenses 66,105,152 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2018)

Page **11** 

1.849.798.086

25,067,949

35,000,000

1.576.757.641

1.636.825.590

0

212,972,496

212,972,496

1,849,798,086

Form **990** (2018)

Form 990 (2018)

16

17 18

19

20

21

23

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28

29

31

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33

34

Liabilities 22

**Fund Balances** 

Assets or 30

Net

	209		
1 Cash-non-interest-bearing	5,203,704	1	8,907,356
2 Savings and temporary cash investments	86,187,660	2	88,832,198
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	4,915,455	4	11,264,854
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

	5	trustees, key employees, and highest compensa Part II of Schedule L		5			
s	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (unitary employees' beneficiary organizations (Part II of Schedule L.		6			
eţŧ	7	Notes and loans receivable, net	1,376,107,055	7	1,555,958,932		
Assets	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges			2,709,035	9	1,846,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	69,678,032			
	b	Less accumulated depreciation	<b>10</b> b	24,013,678	45,309,669	<b>10</b> c	45,664,354

Assets	7	Part II of Schedule L	1,376,107,055	7	1,555,958,932		
88	8	Inventories for sale or use		•		8	
A	9	Prepaid expenses and deferred charges			2,709,035	9	1,846,054
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	69,678,032			
	b	Less accumulated depreciation	10b	24,013,678	45,309,669	10c	45,664,354
	11	Investments—publicly traded securities .			110,237,310	11	91,540,142
	12	Investments—other securities See Part IV, line	11 .		8,571,046	12	23,622,873
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15,745,573	15	22,161,323

1.654.986.507

26,869,738

35,000,000

1.397.944.034

1.459.813.772

16

17

18

19

20

21

22

23

24

25

26

27 28

29

31

32

33

34

0 30

195,172,735

195,172,735

1,654,986,507

**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

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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.

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 .

Grants payable .

Deferred revenue .

3a

3b

No

Form 990 (2018)

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

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

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

Audit Act and OMB Circular A-133?

#### Additional Data

Software ID:

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

Software Version:

**EIN:** 59-0637646

Name: CAMPUS USA CREDIT UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

AND PROVIDE SERVICES TO ITS RESTRICTED MEMBERSHIP

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493266002129

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

f th	Section 527 organizations Comp e organization answered "Yes" Section 501(c)(3) organizations th	n 501(c)(3)) organizations Complete F lete Part I-A only on Form 990, Part IV, Line 4, or For nat have filed Form 5768 (election und nat have NOT filed Form 5768 (electio	m <b>990-EZ, Part VI, I</b> ler section 501(h)) C	ne 47 (Lobbying Activition omplete Part II-A Do not	i <b>es),</b> com	plete Part II-E	
f th Pro	e organization answered "Yes" xy Tax) (see separate instructio	on Form 990, Part IV, Line 5 (Proxy ons), then					
	Section 501(c)(4), (5), or (6) orgainme of the organization	nizations Complete Part III		Employer id	enti	fication num	her
	MPUS USA CREDIT UNION				CIICI	neacion nan	ibei
Pai	t I-A Complete if the org	anization is exempt under sec	ction 501(c) or is	59-0637646 s a section <b>527</b> organ	niza	ation.	
1	<u> </u>	anization's direct and indirect political					
2	Political campaign activity expe	nditures (see instructions)		<b>&gt;</b>	\$		4,000
3		npaign activities (see instructions)					
Par	t I=B Complete if the org	anization is exempt under see	ction 501(c)(3).				
1	Enter the amount of any excise	tax incurred by the organization under	er section 4955	•	\$		
2	Enter the amount of any excise	tax incurred by organization manage	rs under section 4955	5 ▶	\$		
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720	for this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Pa	t I-C Complete if the org	anization is exempt under sec	ction 501(c), exc	ept section 501(c)(3	3).		
1		nded by the filing organization for sec	•		\$		
2	Enter the amount of the filing o function activities	rganization's funds contributed to oth	er organizations for s	ection 527 exempt	\$		4,000
3	Total exempt function expendit	ures Add lines 1 and 2 Enter here an	id on Form 1120-POL	, line 17b ►	\$		4,000
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?				✓ Yes	□ No
5	organization made payments F of political contributions receive	d employer identification number (EIN or each organization listed, enter the id that were promptly and directly del ttee (PAC) If additional space is need	amount paid from the ivered to a separate i	e filing organization's fund political organization, sucl	ds A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount of contributions and prompt directly delived separate programments or contributions and contents of the contents of	received otly and rered to a political If none,
	GUE OF SOUTHEASTERN CREDIT ONS & AFFILIATES FEDPAC	3692 COOLIDGE COURT TALLAHASSEE, FL 32311		4,00	00		
2							
3							
1							
5							
5							
or I	Paperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	EZ. Ca	t No 50084S Schedule (	C (Fo	rm 990 or 990	)-EZ) 2018

Grassroots ceiling amount

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

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

Explanation

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS SCHEDULE D

As Filed Data -

**Supplemental Financial Statements** 

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

OMB No 1545-0047

DLN: 93493266002129

Department of the Treasury Internal Revenue Service

(Form 990)

	nal Revenue Service	gov/Form990 for the latest information.	Inspection				
Na	ame of the organization MPUS USA CREDIT UNION		Employer identification number				
CA	MPUS USA CREDIT UNION		59-0637646				
P	Organizations Maintaining Donor Advistance Complete if the organization answered "Ye	sed Funds or Other Similar Funds o	r Accounts.				
		(a) Donor advised funds	(b)Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		Ivised funds are the				
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?						
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Yes" on Forr	n 990, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organ	nızatıon (check all that apply)					
	$\square$ Preservation of land for public use (e g , recreation	n or education) $\qed$ Preservation of an	historically important land area				
	Protection of natural habitat	Preservation of a c	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a conservation  Held at the End of the Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic	c structure included in (a)	2c				
d	Number of conservation easements included in (c) acquistructure listed in the National Register	ired after 7/25/06, and not on a historic	2d				
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or terminated by	the organization during the				
4	Number of states where property subject to conservatio	on easement is located <b>&gt;</b>					
5	Does the organization have a written policy regarding th	ne periodic monitoring, inspection, handling	of violations,				
	and enforcement of the conservation easements it holds	5?	☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing co	onservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting,  \$ \bigset\$	handling of violations, and enforcing conservations	vation easements during the year				
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the requirements of section 1	70(h)(4)(B)(ı)				
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financial state					
Pa	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye		er Similar Assets.				
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f					
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items						

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Schedule D (Form 990) 2018

Par	<del>(</del> ))))	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal T	reası	ıres, oı	r Other	Similar As	ssets (co	ntınued)	
3		ng the organization's acq ns (check all that apply)	uisition, accessior	n, and other	records,	check	any of	the fo	llowing t	hat are a	significant i	use of its o	collection	
а		Public exhibition				d		Loan	or excha	ange prog	ırams			
b		Scholarly research				e		Othe	r					
c		Preservation for future	e generations											
4		vide a description of the tXIII	organızatıon's col	lections and	explain h	ow the	y furtl	ner the	e organız	zation's ex	xempt purpo	se in		
5		ring the year, did the org ets to be sold to raise fur									nılar	☐ Yes		lo
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forr	n 990	, Part	IV, lı	ine 9, o	r reporte	ed an amou			
1a		he organization an agent uded on Form 990, Part :		an or other	intermedia	ary for	contri	bution	s or othe	er assets	not	☐ Yes		lo
b	īf "	Yes," explain the arrange	ement in Part XIII	and comple	te the foll	lowina	table				Α	mount		_
c		Jinning balance				9				1c				_
d	_	litions during the year								1d				_
e		tributions during the year	r							1e				
f	End	ling balance								1f				_
<b>2</b> a	Dıd	the organization include	an amount on Fo	rm 990. Par	t X. line 2	1. for	escrow	or cu	Istodial a	ccount lia	ability?	☐ Yes		— lo
		Yes," explain the arrange									•	_		
	rt V													
				(a)Curren			rior yea				(d)Three yea		<b>e)</b> Four yea	ırs back
1a	Begir	nning of year balance .												
b	Cont	ributions												
C	Net ı	nvestment earnings, gair	ns, and losses											
d	Gran	ts or scholarships												
е		r expenditures for facilitie programs	es											
f	Adm	nistrative expenses .												
g	End (	of year balance												
2	Pro	vide the estimated perce	ntage of the curre	ent year end	balance (	(line 1	g, colu	mn (a	)) held a	s				
а	Boa	ırd designated or quasi-e	ndowment 🟲											
b	Per	manent endowment 🟲												
С	Ten	nporarily restricted endov	wment ►											
	The	percentages on lines 2a	, 2b, and 2c shou	ld equal 100	)%									
3а		there endowment funds anization by	not in the posses	sion of the o	organizatio	on that	are h	eld an	id admini	stered fo	r the		Yes	No
	_	unrelated organizations										3a(		110
	(ii)	related organizations .										3a(	-	
b		Yes" on 3a(II), are the re		s listed as r	equired o	n Sche	dule R	?.				31	)	
4	Des	scribe in Part XIII the inte	ended uses of the	organızatıo	n's endow	ment f	unds						•	
Pa	rt VI													
	Doc	Complete if the or	ganization answ (a) Cost or oth		" on Forn (b) Cost o						rm 990, Pa depreciation		10. Book valu	
	Desi	cription of property	(investme		(6) cost c	or other	Dasis (	other)	(c) Acc	umulateu t	iepreciation		) book vale	
1a	Land						12,35	51,972					1	2,351,972
b	Build	ings					38,85	52,496			11,989,001		2	6,863,495
c	Leas	ehold improvements					3,09	93,454			2,280,130			813,324
а	Faur	oment					14.7	79.285			9.169.885			5.609.400

600,825

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

26,163

45,664,354

574,662

Part VII Investments—Other Securities. Complete if the organization	ition answei	red "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)	(c) Method of valuation
(including name of security)	Book value	Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
A)		
В)		
C)		
D)		
Ε)		
F)		
G)		
(H)		
Part VIII Investments—Program Related.		
Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment  (b) E	Part IV, line Book value	(c) Method of valuation
1)		Cost or end-of-year market value
2)		
3)		
4)		
5)		
6)		
7)		
8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered 'Yes' on Fo	rm 990. Part	IV. line 11d See Form 990. Part X. line 15
(a) Description	•	(b) Book value
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )		▶ n 990, Part IV, line 11e or 11f.
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X  Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability		n 990, Part IV, line 11e or 11f.
7 Otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes	es' on Form	n 990, Part IV, line 11e or 11f.
8)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SHARE DRAFTS	es' on Form	n 990, Part IV, line 11e or 11f.
8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered '\ See Form 990, Part X, line 25.  (a) Description of liability  1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS	es' on Forn	n 990, Part IV, line 11e or 11f.  < value  240,758,976  544,035,055  147,336,960
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS  RA SHARES  SHARE AND IRA CERTIFICATES	(b) Boo	n 990, Part IV, line 11e or 11f.  < value  240,758,976  544,035,055
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS  RA SHARES  SHARE AND IRA CERTIFICATES	(b) Boo	n 990, Part IV, line 11e or 11f.  k value  240,758,976  544,035,055  147,336,960  35,679,376
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS  RA SHARES  SHARE AND IRA CERTIFICATES  6)	'es' on Form (b) Boo	n 990, Part IV, line 11e or 11f.  k value  240,758,976  544,035,055  147,336,960  35,679,376
Part X Other Liabilities. Complete if the organization answered 'Y See Form 990, Part X, line 25.	'es' on Form (b) Boo	n 990, Part IV, line 11e or 11f.  k value  240,758,976  544,035,055  147,336,960  35,679,376
9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  L. (a) Description of liability  1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS  RA SHARES  SHARE AND IRA CERTIFICATES  6)  7)  8)	'es' on Form (b) Boo	n 990, Part IV, line 11e or 11f.  k value  240,758,976  544,035,055  147,336,960  35,679,376
(7)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization answered 'See Form 990, Part X, line 25.  1. (a) Description of liability  (1) Federal income taxes  SHARE DRAFTS  SHARE AND EQUIVALENTS  MONEY MARKET ACCOUNTS  SRA SHARES  SHARE AND IRA CERTIFICATES  (6)  (7)	(b) Boo	1 990, Part IV, line 11e or 11f.  k value  240,758,976  544,035,055  147,336,960  35,679,376  608,947,274

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

## Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 66,105,152 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b 2c c 2d Other (Describe in Part XIII ) . . . . . . d Add lines 2a through 2d . . 2e

3 66,105,152 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 4b b

4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5

66.105.152 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference Explanation

See Additional Data Table

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

#### **Additional Data**

Software ID:

Software Version: EIN: 59-0637646

Name: CAMPUS USA CREDIT UNION

Explanation

Supplemental Information
Return Reference

Return Reference	Explanation
PART X, LINE 2	THE CREDIT UNION IS EXEMPT FROM MOST FEDERAL AND STATE INCOME TAXES THE INCOME TAXES TOPI C OF THE FASB ASC CLARIFIES ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES REPORTED IN THE FIN ANCIAL STATEMENTS THE INTERPRETATION PROVIDES CRITERIA FOR ASSESSMENT OF INDIVIDUAL TAX P OSITIONS AND A PROCESS FOR RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS TAX POS ITIONS ARE EVALUATED ON WHETHER THEY MEET THE "MORE LIKELY THAN NOT" STANDARD FOR SUSTAINA BILITY UPON EXAMINATION BY TAX AUTHORITIES THE CREDIT UNION IS A STATE-CHARTERED CREDIT U NION AS DEFINED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14) AS SUCH, THE CREDIT UNION AS DEFINED IN INTERNAL REVENUE CODE (IRC) SECTION 501(C)(14) AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES DI RECTLY RELATED TO ITS EXEMPT PURPOSES HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNREL ATED BUSINESS INCOME (UBI) DERIVED BY STATE-CHARTERED CREDIT UNIONS BEGINNING IN MARCH 20 08, THE INTERNAL REVENUE SERVICE (IRS) RELEASED TECHNICAL ADVICE MEMORANDUMS (TAMS) TO SPE CIFIC STATE-CHARTERED CREDIT UNIONS SPECIFYING THE REVENUE SOURCES SUBJECT TO UNRELATED BU SINESS INCOME TAX (UBIT) MANAGEMENT HAS ASSESSED THE CREDIT UNION'S ACTIVITIES AND ANY PO TENTIAL FEDERAL OR STATE INCOME TAX LIABILITY AND DETERMINED THAT THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS ADDITIONALLY, NO INTEREST AND PENALTIES HAVE BEEN RECORDED IN THE ACCOMPANYIN G CONSOLIDATED FINANCIAL STATEMENTS RELATED TO UNCERTAIN TAX POSITIONS CURRENTLY, THE 201 7, 2016, AND 2015 FEDERAL INCOME TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS THE FILI NG YEARS OPEN FOR EXAMINATION BY THE STATE, IF APPLICABLE, MAY BE EQUAL TO, GREATER THAN O R LESS THAN THE YEARS OPEN FOR EXAMINATION BY THE IRS

DLN: 93493266002129 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. Treasury Internal Revenue Service Name of the organization Employer identification number CAMPUS USA CREDIT UNION 59-0637646 **General Information on Grants and Assistance** Part I 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) (1) See Additional Data (2) (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

Schedule I (Form 990) 2018

### **Additional Data**

NETWORK PO BOX 100386 GAINESVILLE, FL 32610

# Software ID: **Software Version:**

**EIN:** 59-0637646

Name: CAMPUS USA CREDIT UNION

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES 1831 NW 13 STREET GAINESVILLE, FL 32609	13-1846366	501(C)(3)	30,388				CHARITABLE CONTRIBUTION
CHILDREN'S MIRACLE	59-1943502	501(C)(3)	135,270				CHARITABLE

CONTRIBUTION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance AM HEART 13-5613797 501(C)(3) 19.360 CHARITABLE 10460 ROOSEVELT BLVD N CONTRIBUTION

CONTRIBUTION
306
ST PETERSBURG, FL 33716

ELDERCARE OF ALACHUA
COUNTY INC
COUNTY INC
CONTRIBUTION

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

5701 NW 34 BLVD GAINESVILLE, FL 32653

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 23-7411715 501(C)(3) 11.200 SPONSORSHIP KIDS INCORPORATED OF THE BIG BEND

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

501(C)(3)

2326 CENTERVILLE RD	
TALLAHASSEE, FL 32308	
AMERICAN CANCER SOCIETY	13-1788491

2119 SW 16 STREET

GAINESVILLE, FL 32608

CHARITABLE

CONTRIBUTION

9.176

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance BREAD OF THE MIGHTY FOOD 59-2805577 501(C)(3) 5.600 CHARITABLE BANK CONTRIBUTION

FIVE POINTS OF LIFE 27-2091960 501(C)(3) 8,000 SPONSORSHIP FOUNDATION

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

4039 NEWBERRY RD GAINESVILLE, FL 32607

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 46-1338834 501(C)(3) 5.500 SPONSORSHIP HUNGER FIGHT 2935 DAWN RD

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

OCALA, FL 34478

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19326	6002	129
Schedule J (Form 990)		C	ompensat	ion Information	40	1B No	1545-0	0047
		For certain Office	2018					
•	tment of the Treasury	► Go to <u>www.irs.q</u> d		n to Form 990. · instructions and the latest infor	mation.		o Pul	
	al Revenue Service ne of the organiza	<u>l</u> atıon			Employer identificat		ectio Imber	
CAM	IPUS USA CREDIT U	NION			59-0637646			
Pa	rt I Questi	ons Regarding Compensa	ition		100 0007010			
	<del></del>						Yes	No
1a				f the following to or for a person liste ny relevant information regarding the				
		s or charter travel		Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		nification and gross-up payment	ts 🔽	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	rreur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b	Yes	
2				or allowing expenses incurred by all or, regarding the items checked in line	2 1 2 2	2	Yes	
	directors, truste	es, officers, including the CEO/1	Executive Directo	, regarding the items checked in line	e la.			
3	organization's C	EO/Executive Director Check a	Il that apply Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	✓	Compensation survey or study				
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment?			4a		No
b		r receive payment from, a supp		lified retirement plan?		4b	Yes	
c	Participate in, o	r receive payment from, an equ	ity-based compe	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	-	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				<b>6</b> a		
b	Any related org					6b		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Ye		the organization provide any nonfixe art III	d	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also folio	ow the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (Fo	orm 990) 2018

Page 3						
Part 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					
PART I, LINE 4B	THE FOLLOWING EXECUTIVES PARTICIPATED IN THE 457F PLAN THE DOLLAR AMOUNT REPORTED IS THE ANNUAL ACCRUAL FOR 2018 J BENTON \$96,030, G					

HAMLETT \$38,800, J HARPER \$38,800, J HUNT \$38,800, J THACKREY \$38,800, J THIEMAN \$38,800

D--- 3

Schodula 1 (Form 000) 2010

2018 Schedule 1

#### **Additional Data** Software ID: **Software Version: EIN:** 59-0637646 Name: CAMPUS USA CREDIT UNION Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation JERRY W BENTON (1) 460.885 99,780 25,509 120,780 17,703 724,657 CEO JENNIFER L HUNT (1) 214,847 42,550 5,887 60,038 11,319 334,641 (II)

13,967

6,521

12,241

13,802

2,547

10,496

5,567

1,244

6,665

61,082

59,915

59,497

50,324

24,524

15,280

13,447

12,847

12,141

12,712

15,826

8,584

16,010

15,859

15,477

14,911

15,137

7,159

314,133

349,509

306,291

292,971

303,897

195,496

171,298

163,567

153,644

JAMES L THACKREY

JEFFERY A THIEMAN

CHIEF HR OFFICER

GABRIEL W HAMLETT

FREDERICK E HILTON

DAVID M BARBER

MANAGER

MANAGER

ROSS JONES

MARLON AWUMA

PETER SUBACH

FINANCIAL ADVISOR

SPECIAL ACCOUNTS MANAGER

INVESTMENT SERVICES

VP COMMERCIAL LOAN

VP CONSUMER LENDING

GENERAL COUNSEL

JILL E HARPER

СТО

COO

(1)

(ı)

(11)

(1)

(1)

(II)

(11)

(ı)

(II)

(1)

(11)

(III)

183,822

224,697

183,419

170,285

196,025

124,879

107,093

122,457

108,522

42,550

42,550

42,550

42,550

64,942

29,364

30,280

11,882

19,157

efile GRAPH	IC print - DO NOT P	ROCESS	As Filed Data -		DL	N: 93493266002129
COLLEGIA	F 0 0					OMB No 1545-0047
SCHEDUL (Form 990 or EZ)	ooo   Gupi	olement plete to pro Form 990 o	tions on	2018		
► Attach to Form 990 or 990-EZ.  Department of the Treasury  ► Go to <u>www.irs.gov/Form990</u> for the latest information.						Open to Public Inspection
Namel Betherorg					Employer ide	entification number
CAMPUS USA CREI	IT UNION				59-0637646	
990 Schedul	e O, Supplemental I	nformatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6						

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 7A

FORM 990, THE CREDIT UNION MEMBERSHIP MAY PARTICIPATE IN THE ELECTION OF OFFICIALS PART VI, SECTION A,

Return Explanation
Reference

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

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

# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information Return Explanation

Reference

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

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

Return Explanation

990 Schedule O, Supplemental Information

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

Return Explanation Reference

ATM SHARED BRANCHING FEES 907.705 MISCELLANEOUS 423.804 EDUCATION 339.956 PRINTING AND PUBLICATIONS 66.537 AUTOMOBILE EXPENSES 40.132 NCUA INSURANCE PREMIUM ASSESSMENT 38.947

FORM 990. PART IX. LINE 24E

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990,	NET UNREALIZED LOSSES ON DEFINED BENEFIT PLAN ASSETS -1,031,111 RECLASSIFICATION ADJUSTMENTS FOR
PART XI.	GAINS INCLUDED IN NET INCOME -610.091

LINE 9

Return Explanation

990 Schedule O, Supplemental Information

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