DLN: 93493133080089 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. Treasury 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 D Employer identification number B Check if applicable VELOCITY ČREDIT UNION □ Address change 74-1200165 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite POST OFFICE BOX 1089 ☐ Amended return ☐ Application pending (512) 469-7000 City or town, state or province, country, and ZIP or foreign postal code AUSTIN, TX $\,$ 787671089 $\,$ G Gross receipts \$ 54,291,397 Name and address of principal officer H(a) Is this a group return for LISA BACK ☐Yes ☑No subordinates? POST OFFICE BOX 1089 H(b) Are all subordinates AUSTIN, TX 787671089 ☐ Yes ☐No ıncluded? ☐ 501(c)(3) **☑** 501(c) (14) **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW VELOCITYCU COM L Year of formation 1947 **M** State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE THE BEST PROGRAMS TO MEET THE FINANCIAL NEEDS OF OUR MEMBERS Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 90,117 **b** Net unrelated business taxable income from Form 990-T, line 34 -78,929 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 47,189,170 47,923,882 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,445,761 3,101,219 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,771,961 49,634,931 52,797,062 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 3,497,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 14,607,177 15,880,275 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 39,816,135 22,725,888 54,423,312 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 42,103,163 -4,788,381 Revenue less expenses Subtract line 18 from line 12 . 10,693,899 Net Assets or Fund Balances Beginning of Current Year End of Year 863,230,758 839,665,435 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 771,449,427 735,926,991 22 Net assets or fund balances Subtract line 21 from line 20 . 91,781,331 103,738,444 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 2019-05-13 Signature of officer Sign Here ISA BACK CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00447183 Paid self-employed Firm's name CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749 Preparer Use Only Firm's address ▶ 20 E THOMAS RD STE 2300 Phone no (602) 266-2248 PHOENIX, AZ 85012 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

orm	990 (2018)				Page 2
Pa	rt III Statem	nent of Program Service Acc	omplishments		
	Check If	Schedule O contains a response or	note to any line in this Part III .		🗹
		the organization's mission	·		
RED	IT UNION POOL	THEIR ASSETS TO PROVIDE LOANS	FORMED BY AN ORGANIZED GROU S AND OTHER FINANCIAL SERVICES S LOWER LOAN RATES, HIGHER S	TO EACH OTHER THESE FACTO	RS ALLOW US TO PAY
2	Did the organiza	ation undertake any significant pro	gram services during the year which	n were not listed on	
	the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describ	be these new services on Schedule	0		
}	Did the organiza	ation cease conducting, or make sig	gnificant changes in how it conducts	s, any program	
	services?	e these changes on Schedule O			☐ Yes 🗹 No
4	Describe the org Section 501(c)(ganization's program service accom	plishments for each of its three lar required to report the amount of g ervice reported		
la	(Code See Additional Dat) (Expenses \$	including grants of \$) (Revenue \$)
b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
ŀc	(Code) (Expenses \$	including grants of \$) (Revenue \$)
.d	Other program	services (Describe in Schedule O)			
<u> </u>	(Expenses \$	including	grants of \$) (Revenue \$)
e	Total program	ı service expenses ▶			

Form	990 (2018)			Page 3
Pa	t IV 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		No
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 "S	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🔁	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 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	116	Yes	

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🛸

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

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

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

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

15

16

18

19

21

11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Νo

Nο

Νo

Nο

Νo

Nο

Form **990** (2018)

Par	Checklist of Required Schedules (continued)			rage
			Yes	No
3	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	
4a	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		
С	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		
ā	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		
b	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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
	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	27		No
	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)			
1	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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
	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? <i>If "Yes," complete Schedule M</i>	30		No
	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	Yes	
	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
a	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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
a	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	٠.;		
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 16,059		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c

7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8

9a

9h

14a

No

Nο

Form **990** (2018)

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

c Enter the amount of reserves on hand

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter

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

a Gross income from members or shareholders . 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

10a

10b

13c

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

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

Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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

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

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 $\frac{1}{2}$ similar committee, explain in Schedule O

	, ,	l						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8					
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other		•	3		No		
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No		
5	Did the organization become aware during the year of a significant diversion of the orga	nızatıo	n's assets?	5		No		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?			7a	Yes			
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?			8 a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No		
Se	ction B. Policies (This Section B requests information about policies not requ	ired b	y the Internal Revenue	e Code	e.)			
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes			
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt ${\bf p}$			10b	Yes			
11a	Has the organization provided a complete copy of this Form 990 to all members of its go	vernin	g body before filing the					

6	Did the organization have members or stockholders?	6	Yes	
7a	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	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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? If "Yes," describe in Schedule O how this was done	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	
Ь	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 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			

Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest 19 policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ►LISA BACK 610 E 11TH STREET AUSTIN, TX 78701 (512) 469-7000

Part VII

Form 990 (2018)

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

 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

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

- 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)
- 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

Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	than o	ne b	ox, ι n of	t ch unle: ficer	and a	son	(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	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JAMES CHAPMAN CHAIRPERSON	2 00	х		х				23,725	0	0
	2 00									
(2) KASHA BARTHOLOMEW 1ST VICE CHAIR		х		х				2,734	0	o
(3) THOMAS MATTHEWS 2ND VICE CHAIR	2 00	Х		х				5,239	0	0
(4) JOHN CHOMOUT SECRETARY/TREASURER	2 00	Х		x				6,563	0	0
(5) MARY PAREDES DIRECTOR	2 00	Х						4,301	0	0
(6) JOHN ROSS DIRECTOR	2 00	Х						2,168	0	0
(7) CARL LYNCH DIRECTOR	2 00	х						3,248	0	0
(8) XAVIER ZARATE DIRECTOR	2 00	Х						1,668	0	0
(9) DEBBIE MITCHELL PRESIDENT/CEO	40 00			×				528,488	0	252,726
(10) LISA BACK CFO	40 00			x				328,450	0	17,210
(11) JACK JORDAN COO	40 00			х				326,871	0	28,122
(12) CHERI HALL SR VICE-PRES HUMAN RESOU	40 00					×		199,646	0	14,797
(13) CAROL CAIN SR VICE-PRES MARKETING	40 00					×		200,451	0	14,351
(14) DANIEL PENBERG SR VP IT	40 00					×		200,209	0	21,510
(15) FELIX GONZALEZ SR VP LENDING	40 00					х		202,986	0	31,073
(16) STEVE LANGEHENNIG VP ACCOUNTING	40 00					x		175,477	0	20,549

Page 8
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	t che inles ficer	and a	son	(D) Reportable compensation from the organization (W 2/1099-MISC)	rtable Reportable nsation compensation n the from related stion (W- organizations (W-		(F) Estimated amount of other compensation from the organization and		
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-113C)	2/1099-MISC	,	relat organiza	ed	
1b Sub-Total				•		 							
d Total (add lines 1b and 1c)	•					•		2,212,224		0		400,338	
Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rece	eived more than \$	100,000				
3 Did the organization list any former			ee, k	ey e	mple	oyee, (or hi	ghest compensate	d employee on		Yes	No	
Inne 1a? If "Yes," complete Schedule 3 For any individual listed on line 1a, is organization and related organization individual	the sum of repos s greater than \$	ortable o 150,00	0۶ <i>If</i>	ensa "Yes	ition	omplet	other te Sc		om the	3		No	
Did any person listed on line 1a receive services rendered to the organization	ve or accrue cor	npensat	tion fr	rom	any	unrela	ated	organization or in		4	Yes		
Section B. Independent Contract	<u> </u>		Cuare	. 5 70	,, 30	ich per	3011		• • •	5		No	
Complete this table for your five high from the organization Report comper	est compensate									npen	sation		
Name a	(A) and business addre	255						De	(B) scription of services		(C Comper		
FIS									VICES VENDOR			,160,170	
PO BOX 4535 CAROL STREAM, IL 60197								0422.700	U.E.D.			224.425	
MASTERCARD PO BOX 31279								CARD ISS	UEK		1	,224,125	
TAMPA, FL 33631 Q2 SOFTWARE ONLINE BANKING SOFTWARE									838,977				
PO BOX 205970 DALLAS, TX 753205970 MAXWELL DODGE INDIRECT AUTO DEALER							AUTO DEALER		671,014				
PO BOX 203685 AUSTIN, TX 78720													
AMERICAN EXPRESS								CREDIT C	ARD PROCESSOR			496,126	
PO BOX 650448 DALLAS, TX 752650448						1 -1 - 1	-1			0 (

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 ▶ 26

Part		Statement of	Revenue									- rage 3
		Check if Schedul	e O contains	a respo	onse or note to any	line in th	nis Part VIII				<u> </u>	🗆
							A) revenue	e fu	(B) lated or xempt inction	(C) Unrelat busine revent	ss	(D) Revenue excluded from ax under sections
	1:	a Federated campaigi	ns	1a				re	evenue			512 - 514
nts ints		b Membership dues		1b	<u> </u>							
3ra nou		c Fundraising events		1c	<u> </u>							
S, (d Related organizatio		1d	<u> </u>							
Giff		e Government grants (co		1e	<u> </u>							
is,		f All other contributions,		1.0	<u> </u>							
tior sr S		and similar amounts no above	ot included	1f								
Contributions, Gifts, Grants and Other Similar Amounts	!	g Noncash contribution in lines 1a - 1f \$	ons included									
Cont		h Total. Add lines 1a-	·1f		•							
1.					Business	Code						
Ě	2 a	LOAN INTEREST				522100	33,7	09,576	33,709,	576		
Program Service Revenue	b	FEE INCOME				522100	12,8	41,519	12,841,	519		
3	C	OTHER OPERATING INC	OME			522100	1,2	82,670	1,282,	670		
Ę.	d	NON MEMBER ATM FEE	INCOME			522100		90,117			90,117	7
S	_											
gra	e f	All other program se										
å		· -			47,9	23,882						
		Total. Add lines 2a-2			<u> </u>	1		T	T			
	3	Investment income (in similar amounts) .	rciuaing aivia	enas, i	interest, and other		3,101,219	₹				3,101,219
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds >							
	5	Royalties			•							
	_		(ı) Rea		(II) Personal							
	oa	Gross rents	2,5	36,899								
	Ŀ	Less rental expenses	1,4	94,335		1						
		Rental income or	1.0	42,564		-						
	٠	(loss)	1,0	72,507								
	c	Net rental income of	r (loss)]	1,042,564	4				1,042,564
	_	_	(ı) Securit	ies	(II) Other							
	7a	Gross amount from sales of										
		assets other than inventory										
	Ŀ	Less cost or				1						
		other basis and sales expenses										
		Gain or (loss)]						
		l Net gain or (loss) .		•	•	ļ						
a,	8a	Gross income from fo (not including \$		ents of								
Ď.		contributions reporte	d on line 1c)									
e ve		See Part IV, line 18		a								
r æ		Less direct expense: Net income or (loss)		b una ev	ents	J						
Other Revenue		Gross income from g		_	ents	1						
0		See Part IV, line 19]							
		Less direct expense:	_	a b		-						
		: Net income or (loss)			les]						
		aGross sales of invent										
		returns and allowand		_	ļ							
	L	aloss soot of goods o	ماما	a b		-						
		Less cost of goods s				J						
	_	Net income or (loss) Miscellaneous		invent	Business Code							
	11	laLIFE INSURANCE PR	OCEEDS		900099	1	729,397	7				729,397
	Ŀ	·										
	c	:										
	c	All other revenue .										
	e	Total. Add lines 11a	-11d		•		720.20	7				
	12	2 Total revenue. See	Instructions				729,397					
							52,797,062	2	47,833,765		90,117	4,873,180 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 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 .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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	3,497,000			
5 Compensation of current officers, directors, trustees, and key employees	1,315,217			
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	10,695,445			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,505,505			
9 Other employee benefits	1,504,502			
10 Payroll taxes	859,606			
11 Fees for services (non-employees)				
a Management				
b Legal	209,031			
c Accounting	124,120			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,375,777			
12 Advertising and promotion	830,455			
13 Office expenses	3,454,937			
14 Information technology				
15 Royalties				
16 Occupancy	1,106,941			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	193,616			
20 Interest	1,193,328			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	787,766			
23 Insurance	154,116			
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 LOSSES	8,112,388			
b MEMBER DEMAND DEPOSIT S	3,375,776			
c LOAN SERVICING	1,384,976			
d ASSOCIATION DUES	139,259			
e All other expenses	283,402			
25 Total functional expenses. Add lines 1 through 24e	42,103,163			
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)

30

31

32

33

34

Net

	1	Cash-non-interest-bearing	0,160,755	1	5,320,764
	2	Savings and temporary cash investments	109,027,090	2	81,223,875
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	946,701	4	447,501
	5 6	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	3,205,033	5	3,276,826
	•	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employeers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ete	7	Notes and loans receivable, net	638,447,985	7	627,059,555
SS	8	Inventories for sale or use		8	
~					

ets	7	voluntary employees' beneficiary organizations Part II of Schedule L			638,447,985	7	627,059,555
\$8	8	Inventories for sale or use				8	
A	9	Prepaid expenses and deferred charges	1,005,576	9	1,382,731		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	52,252,546			
	ь	Less accumulated depreciation	10b	9,293,716	12,197,774	10c	42,958,830
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .		63,241,567	12	47,585,251
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	28,978,277	15	30,410,082		
	16	Total assets.Add lines 1 through 15 (must equ	863,230,758	16	839,665,435		
	17	Accounts payable and accrued expenses			4,781,937	17	5,402,815

"	rrepaid expenses and deferred charges		• •	1,000,570	9	1,302,731
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	52,252,546			
b	Less accumulated depreciation	10b	9,293,716	12,197,774	10c	42,958,830
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11 .	63,241,567	12	47,585,251	
13	Investments—program-related See Part IV, line		13			
14	Intangible assets				14	
15	Other assets See Part IV, line 11			28,978,277	15	30,410,082
16	Total assets.Add lines 1 through 15 (must equ	ial line	34)	863,230,758	16	839,665,435
17	Accounts payable and accrued expenses			4,781,937	17	5,402,815
18	Grants payable				18	
19	Deferred revenue			457,747	19	376,487

20 Tax-exempt bond liabilities . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 22 27,000,000 65,000,000 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, 701.209.743 25 703.147.689 and other liabilities not included on lines 17 - 24)

Complete Part X of Schedule D 771,449,427 735.926.991 26 Total liabilities. Add lines 17 through 25 . 26

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets

Assets or Fund Balances 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958),

0 30

91,781,331

91,781,331

863,230,758

31

32

33

34

0

103,738,444

103,738,444

839,665,435

Form **990** (2018)

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

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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:

Software Version:

EIN: 74-1200165

Name: VELOCITY CREDIT UNION

MEMBERS WITH DEPOSITS OF \$703MM

Form 990, Part III, Line 4a: VELOCITY CREDIT UNION PROVIDES LOANS TO MEMBERS AT LOWER INTEREST RATES, ACCEPTS DEPOSITS, AND PAYS HIGHER DIVIDEND RATES 2018 1) 39,530 LOANS TO MEMBERS AND MEMBER BUSINESSES FOR A TOTAL OF \$643MM 2) ORIGINATED 10.123 LOANS IN 2018 WITH A BALANCE OF \$265MM, AND 3) SERVICED 87,899

Form 990 (2018)

SCHEDULE D

(Form 990)

Department of the Treasury

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.

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

OMB No 1545-0047

DLN: 93493133080089

Open to Public Inspection

Intern	al Revenue Service	► Go to <u>www.irs.g</u>	ov/Form990 for the latest information.	Inspection
	me of the organiz			Employer identification number
VEL	OCITY CREDIT UNION			74-1200165
Pa	rt I Organiz	ations Maintaining Donor Advi	sed Funds or Other Similar Funds o	
		e if the organization answered "Ye	s" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b)Funds and other accounts
1	Total number at e	•		
2		f contributions to (during year)		
3		of grants from (during year)		
4	Aggregate value a	t end of year		
5		on inform all donors and donor adviso operty, subject to the organization's ex	rs in writing that the assets held in donor ad clusive legal control?	Ivised funds are the $\hfill \square$ Yes $\hfill \square$ No
6			onor advisors in writing that grant funds can or donor advisor, or for any other purpose o	
Pa	rtill Conserv	ration Easements. Complete if th	ie organization answered "Yes" on Forn	n 990, Part IV, line 7.
1	Purpose(s) of con	servation easements held by the organ	nization (check all that apply)	
	Preservation	n of land for public use (e g , recreation	n or education)	historically important land area
	☐ Protection o	f natural habitat	Preservation of a c	certified historic structure
	☐ Preservation	n of open space		
2	Complete lines 2a		qualified conservation contribution in the for	rm of a conservation Held at the End of the Year
а		onservation easements		2a
b	Total acreage rest	tricted by conservation easements		2b
С	Number of conser	vation easements on a certified histori	c structure included in (a)	2c
d	Number of conser	vation easements included in (c) acqui	red after 7/25/06, and not on a historic	2d
		the National Register	'	
3	Number of consertax year ►	rvation easements modified, transferre 	d, released, extinguished, or terminated by	the organization during the
4	Number of states	where property subject to conservation	n easement is located >	
5		ation have a written policy regarding th of the conservation easements it holds	ne periodic monitoring, inspection, handling o	of violations,
6	Staff and volunte	er hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expens	ses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year
8	Does each conser and section 170(h		above satisfy the requirements of section 1	70(h)(4)(B)(ı)
9	balance sheet, an		ervation easements in its revenue and exper footnote to the organization's financial state ts	
Par			of Art, Historical Treasures, or Oth	er Similar Assets.
		e if the organization answered "Ye	·	
1a	art, historical trea	asures, or other similar assets held for	6 (ASC 958), not to report in its revenue sta public exhibition, education, or research in f cial statements that describes these items	
b	historical treasure		6 (ASC 958), to report in its revenue statem ic exhibition, education, or research in furth	
(i) Revenue include	d on Form 990, Part VIII, line 1		▶ \$
(i	i)Assets included ii	n Form 990, Part X		▶ \$
2		n received or held works of art, historics required to be reported under SFAS	cal treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ncial gain, provide the
а	-	on Form 990, Part VIII, line 1	-	> \$

b Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Col	lections o	f Art, H	istori	cal Tr	easur	res, or	Other	Similar A	ssets (cor	ntınued)	
3		g the organization's acqu s (check all that apply)	uisition, accessior	n, and other	records,	check a	any of	the foll	owing th	at are a	sıgnıfıcant	use of its co	llection	
а		Public exhibition				d		Loan d	or exchar	nge prog	grams			
b		Scholarly research				е		Other						
С		Preservation for future	generations											
4	Provi Part	ide a description of the o	organızatıon's col	lections and	explain h	ow the	y furth	er the	organıza	tion's e	xempt purpo	ose in		
5		ng the year, did the orga ts to be sold to raise fur									nılar	☐ Yes	□ N-	0
Pai	rt IV	Escrow and Custon Complete if the org X, line 21.			" on Forr	n 990	, Part	IV, lın	e 9, or	reporte	ed an amo	unt on For	m 990,	Part
1a		e organization an agent ded on Form 990, Part)		an or other I	intermedia	ary for	contril	outions	or other	assets	not	☐ Yes	□ N	0
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	te the foll	lowina	table		Γ		-	Amount		_
С		nning balance		,						1c				_
d	_	tions during the year								1d				_
е		ributions during the year	-							1e				_
f		ng balance								1f				_
2a		the organization include	an amount on Fo	rm 990 Par	+ V line 2	1 for	accrow.	or cue	⊐ عدادامهt	count lis	ability2	□ voc	N.	_
													□ N	U
		es," explain the arrange												
Pα	rt V	Endowment Fund	us. Complete ii	(a)Curren			or year		c)Two yea)Four year	s hack
1a	Beaini	ning of year balance .		(a)carren	c year	(0).1	ioi yeu		c) ino yea	113 DUCK	(d) Times ye	dis buck (C	Ji our yeur	3 Buck
	-	butions												
		vestment earnings, gain	s. and losses											
		s or scholarships												
	Other	expenditures for facilities												
f	Admin	nistrative expenses .												
g	End of	f year balance												
2	Prov	ide the estimated percei	ntage of the curre	ent year end	balance ((line 1g	ı, colu	nn (a))) held as					
а	Boar	d designated or quasi-ei	ndowment 🟲											
b	Perm	nanent endowment 🕨												
С	Tem	porarily restricted endov	vment ▶											
	The	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100)%									
3a		there endowment funds	not in the posses	sion of the o	organizatio	on that	are h	eld and	admınıs	tered fo	r the		[V]	
	_	nization by inrelated organizations										3a(i	Yes	No
	` '	related organizations					•					3a(i	-	
ь		es" on $3a(\pi)$, are the rel		is listed as r	equired o	 n Sche	 dule R	, . ·				. 3b		
4		ribe in Part XIII the inte	-		•									
Pa	rt VI	Land, Buildings, Complete if the ord	• •		" on Forn	n 990	. Part	IV. lın	e 11a '	See Fo	rm 990 Pa	art X. line	10.	
	Descr	ription of property	(a) Cost or oth (investme	er basis	(b) Cost of						depreciation		Book value	e
1a	Land						10,65	2,175					10	,652,175
		ngs						3,084			2,886,325			,366,759
		hold improvements						8,923			568,923			0
		ment						8,364			5,838,468			939,896

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

Part VII Investments—Other Securities. Complete if	the organization a	nswered "Yes" on F	orm 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value) Method of valuation
(Including name of security) (1) Financial derivatives		Cost o	r end-of-year market value
(2) Closely-held equity interests			
(3) Other(A) FEDERAL HOME LOAN BANK STOCK	4,199,8	00	С
(B) AFS OTHER SECURITIES, NET	43,385,4	51	С
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	▶ 47,585,2	51	
Complete if the organization answered 'Yes' on			
(a) Description of investment	(b) Book va	ue (c Cost o	c) Method of valuation r end-of-year market value
(1)			
(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 answers (a) Descripti		Part IV, line 11d Se	e Form 990, Part X, line 15 (b) Book value
(1)			(=, ===================================
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			•
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' on	Form 990, Part IV	, line 11e or 11f.
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes			
REGULAR SHARES SHARE DRAFTS		205,513,736 173,217,354	
MONEY MARKET SHARE DRAFTS		150,992,009	
IRA ACCOUNTS		40,660,519	
SHARE CERTIFICATES OTHER SHARES		127,790,651 4,973,420	
(7)		7,373,420	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text	of the footnote to the	703,147,689 e organization's financ	cial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC			_

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

Schedule D (Form 990) 2018

1

1

Page 4

2	Amounts included on line 1 but not	t on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on in	vestments	2a		
b	Donated services and use of faciliti	les	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, Pa	art VIII, line 12, but not on line 1			
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c.	(This must equal Form 990, Part I, line 12)		5	
Par		enses per Audited Financial Statem ation answered 'Yes' on Form 990, Part		per Retur	n.
1	Total expenses and losses per audi	ited financial statements		1	
2	Amounts included on line 1 but not	t on Form 990, Part IX, line 25			
а	Donated services and use of faciliti	les	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line $\bf 2e$ from line $\bf 1$			3	
4	Amounts included on Form 990, Pa	art IX, line 25, but not on line 1:			
а	Investment expenses not included	on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 40	c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Infor	mation			
		rt II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide			4, Part X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info		
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19313	3080	089	
Sch	nedule J	Co	mpensati	ion Information	40	1B No	1545-0	0047	
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest				
		Complete if the organic	Compensa nization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20	18	}	
D			▶ Attach	to Form 990. instructions and the latest infor					
•	tment of the Treasurv al Revenue Service	Go to www.ns.gov	7 <u>1 01111990</u> 101	mistructions and the latest mion		Insp	n to Public spection		
	me of the organiza OCITY CREDIT UNIO				Employer identificat	ion nu	ımber		
					74-1200165				
Pa	rt I Questi	ons Regarding Compensat	ion						
1a				the following to or for a person liste y relevant information regarding the			Yes	No_	
		s or charter travel	. п	Housing allowance or residence for					
		companions		Payments for business use of person	•				
	☐ Tax idemi	nification and gross-up payments		Health or social club dues or initiati	on fees				
	Discretion	nary spending account		Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	ees, officers, including the CEO/Ex	recutive Director	r, regarding the items checked in line	e 1a?				
3	organization's C	EO/Executive Director Check all	that apply Do r	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	\checkmark	Approval by the board or compensa	ation committee				
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No	
b	Participate in, o	r receive payment from, a supple	mental nonqual	ıfıed retırement plan?		4b	Yes		
С	•	r receive payment from, an equit		_	± 777	4c		No	
	ir res to any o	or lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	T 111				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Sectior 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	تلداحة معيلي	the erganization never as a service are service					
6	compensation c	ontingent on the net earnings of	i A, line Ta, did i	the organization pay or accrue any					
a b	The organization Any related organization					6a 6b			
U		6a or 6b, describe in Part III				90			
7	For persons liste	•		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	_			
9		8, did the organization also follov	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No	50053T Schedule J	(Form	990)	2018	

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

or each individual whose compensation must be reported on Schedule 1, report compensation from the organization on row (1) and from related organizations, described in the

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

Note. The sum of column	15 (B))(ı)-(ııı) for each listed ını	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	la, applicable column (D)	and (E) amounts for tha	t individual
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 DEBBIE MITCHELL PRESIDENT/CEO	(i)	388,124	127,000	13,364	241,796	10,930	781,214	0
	(ii)	0	0	0	0	0	0	0
2 LISA BACK CFO	(i)	256,889	63,761	7,800	8,754	8,456	345,660	0
	(ii)	0	0	0	0	0	0	0
3 JACK JORDAN COO	(i)	255,310	63,761	7,800	9,773	18,349	354,993	0
	(ii)	0	0	0	0	0	0	0
4 CHERI HALL SR VICE-PRES HUMAN	(i)	160,028	39,618	0	6,190	8,607	214,443	0
RESOU	(ii)	0	0	0	0	0	0	0
5 CAROL CAIN SR VICE-PRES MARKETING	(i)	160,833	39,618	0	5,946	8,405	214,802	0
	(ii)	0	0	0	0	0	0	0
6 DANIEL PENBERG SR VP IT	(i)	161,262	38,947	0	6,210	15,300	221,719	0
	(ii)	0	0	0	0	0	0	0
7 FELIX GONZALEZ SR VP LENDING	(i)	176,460	26,526	0	7,044	24,029	234,059	0
	(ii)	0	0	0	0	0	0	0
8 STEVE LANGEHENNIG VP ACCOUNTING	(i)	146,247	29,230	0	5,489	15,060	196,026	0
	(ii)	0	0	0	0	0	0	0
		1	1		ı		Schedule	J (Form 990) 2018

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation PART I. LINE 4B DEBORAH MITCHELL PARTICIPATES IN A 457(F) SERP PLAN THE 2018 ACCRUAL WAS \$230,796 AND INCLUDED IN COLUMN C ON PART II OF SCHEDULE J LISA

Page 3

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

BACK AND JACK JORDAN PARTICIPATE IN A LOAN REGIME SPLIT DOLLAR LIFE INSURANCE AGREEMENT. THE CREDIT UNION DEPOSITED FUNDS INTO A LIFE INSURANCE POLICY ON THE PARTICIPANT'S LIFE. DURING LIFE, AND SUBJECT TO THE POLICY GENERATING SUFFICIENT VALUES, THE PARTICIPANT CAN BORROW FROM THE POLICY. AT DEATH, THE ORGANIZATION RECOVERS ITS PREMIUMS PLUS INTEREST PLUS ADDITIONAL KEY-PERSON INSURANCE PROCEEDS.

efile GRAPH	IC print - DO I	NOT PROCES	S As	Filed Data -					DL	N: 93	4931	330	80089
Schedule L (Form 990 or 99		lete if the orga	nizatio 28b, or	ONS With I n answered "Ye 28c, or Form 99	s" on Form 90-EZ, Part	990, Part IV, li V, line 38a or 4	nes 2	5a, 2	25b, 26		MB No		
			► At	tach to Form 99 rs.gov/Form99	0 or Form 9	90-EZ.					20	1	8
Department of the Tr	I	, 55 1	<u> </u>								Open		
Internal Revenue Ser Name of the or							Fr	nnlo	ver ide	ntifica		oecti umb	
VELOCITY CREDIT								•	•				··
Part I Exc	ess Benefit Tr	ansactions (s	section 5	01(c)(3), section	501(c)(4), ar	nd 501(c)(29) or			0165 s only)				
Com	plete if the organ	ization answered	d "Yes" o	n Form 990, Part	IV, line 25a	or 25b, or Form	990-E	Z, Pa	rt V, lir		1		
1 (a) Name of disqu	alified person	(b) Relationship b	etween disqu organization	alified person an	ď	• •	escript ansacti) Con es	rected? No
											.	-	110
							+						
-													
	ported an amount (b) Relationship with organization	on Form 990, F	art X, lir			(f)Balance due	(g)	In	(I Appro	n)	(janiza i)Writ jreem	ten
			То	From	-		Yes	No		No	Yes		No
(1) LISA BACK	CHIEF FINANCIAL OFFICER	SPLIT DOLLAR LIFE INSURANCE	10	X	1,400,000	1,479,857	163	No	Yes	NO	Yes		140
(2) JACK JORDON	CHIEF OPERATING OFFICER	SPLIT DOLLAR LIFE INSURANCE		Х	1,700,000	1,796,969		No	Yes		Yes		
 Total					<u> </u> ▶ \$	<u>1</u> 3,276,826							
10101					_ Ŧ	3,2, 0,020							
	ants or Assist					/ line 27							
(a) Name of Inte	erested person	(b) Relationship nterested perso organizat	betweer	n (c) Amount	of assistance	<u>'</u>	f assi	stanc	e	(e) Pu	rpose (of ass	stance
		_											
		<u> </u>								_			
									+				
or Danerwork Pe	eduction Act Notice	see the Instru	rtions for	Form 990 or 990-	F7			e e l	andula I	/Ear-	. 000 -	. 000	E7\ 20

(a) Name of Interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	organiz	(e) Sharing of organization's	
	organization			reven		
				Yes	No	
Part V Supplemental Information						

Part V Supplemental Inform Provide additional informa		responses to questions on	Schedule L (see instructi	ons)				
Return Reference	Explanation							
AND/OR FRÓM INTERÉSTED PERSONS	RETIRE SPLIT D INTERE PARTIC CREDIT RIGHT D UNION DOLLAF POLICY PARTIC BORRO	MENT BENEFITS THROUGH DOLLAR" (CASD) ALTHOUGH STED PERSONS, CASD IS IPANT NOR AN OBLIGATIO UNION RECOVERS ITS O IS A KEY ADVANTAGE OF PAYS THE BENEFIT FROM RS DIRECTLY INTO A LIFE TO ENSURE REPAYMENT IPANT MAY BORROW FRO WING IS CAREFULLY MON	H AN ARRANGEMENT THE GH THE IRS REQUIRES RE NOT AN ACTUAL LOAN TON FOR THE PARTICIPANT UTLAYS PLUS INTEREST F CASD WITH TRADITIONA CORPORATE ASSETS WI INSURANCE POLICY WITH AT SPECIFIED TIMES ANIM THE CASH VALUE OF THITORED AND LIMITED TO	E CREDIT UNION PROVIDES SUPPLE IRS REFERS TO AS "COLLATERAL A EPORTING IN PART II ABOVE, FOR L HERE IS NEITHER A TRANSFER OF IT TO PAY THOSE FUNDS BACK INST ROM THE UNDERLYING POLICY THAT LAST THE CREDIT UNION DEPORT OF THE CREDIT UNION DEPORT OF THE CREDIT UNION THE COUNTY OF THE CREDIT UNION THE COUNTY OF THE CREDIT UNION THE COUNTY OF THE COUNTY O	SSIGNM OANS TO FUNDS TO EAD, THE E RECOVE CREDIT OSITS E LIEN OF ENTS, THE MENT IN EMAIN IN	IENT O THE IE /ER N THE HE ICOME N		

EFFECT UNTIL THE PARTICIPANTS DEATH AND WILL PAY A DEATH BENEFIT AT LEAST SUFFICIENT TO REPLY

THE CREDIT UNION'S OUTLAY PLUS INTEREST ANY REMAINING DEATH PROCEEDS ARE DIVIDED BETWEEN THE CREDIT UNION AND THE EXECUTIVE'S BENEFICIARY AS AGREED UP BY THE PARTIES Schedule L (Form 990 or 990-EZ) 2018

efile GRAPH	DLN:	93493133080089				
COLLEGIA	F 0 0					OMB No 1545-0047
SCHEDUL (Form 990 or EZ)	- Cup	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.			ons on	2018
Department of the T	reasurv		Open to Public Inspection			
Namel Bethelorg		Employer identi	fication number			
VELOCITY CREDIT	UNION				74-1200165	
990 Schedule	e O, Supplemental :	Informatio	n			
Return Reference				Explanation		
FORM 990, PARTICIPATION IN THIS CREDIT UNION IS LIMITED TO THOSE WHO QUALIFY FOR MEMBERSHIP AS DEFI ED IN THE CREDIT UNION'S CHARTER AND BYLAWS THIS GENERALLY CONSISTS OF A COMMUNITY CH. SECTION A, LINE 6 IES LOCATED IN BASTROP, CALDWELL, HAYS, WILLIAMSON, OR TRAVIS COUNTIES, TEXAS						

Return Explanation
Reference

LINE 7A

FORM 990, PART VI, SECTION A.

Return Explanation
Reference

FORM 990, PART VI, E ON 1) CHARTER CONVERSIONS (STATE TO FEDERAL AND/OR CONVERSION FROM A CREDIT UNION TO A B SECTION A, LINE 7B IDATE PRESENTED FOR EACH POSITION, 4) MERGERS WHEN THE CU WOULD BE THE ACQUIRED CREDIT UNION ON

Return Explanation
Reference

FORM 990, THE CEO AND CFO WILL REVIEW THE FORM 990 WITH THE BOARD OF DIRECTORS PRIOR TO FILING THE R
PART VI,
SECTION B,
LINE 11B

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	DIRECTORS SIGN AN OATH OF OFFICE WHEN ELECTED OR RE-ELECTED TO OFFICE WHICH ADDRESSES CONF
PART VI,	LICTS OF INTEREST IN ADDITION, ALL DIRECTORS AND EMPLOYEES ARE REQUIRED TO REVIEW AND SIG
SECTION B,	N OUR CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS IN ORDER TO ENSURE THEY ARE AWARE OF
LINE 12C	THEIR RESPONSIBILITIES REGARDING DISCLOSURE THE CONFLICT OF INTEREST POLICY REQUIRES DISC

LOSURE OF ANY INTERESTS THAT COULD GIVE RISE TO CONFLICTS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN ORDER TO DETERMINE THE CEO'S SALARY, THE BOARD OF DIRECTORS WILL REVIEW COMPENSATION DA TA PROVIDED BY THE SR VP OF HUMAN RESOURCES AND OBTAINED FROM CUNA (CREDIT UNION NATIONAL ASSOCIATION), CUES (CREDIT UNION EXECUTIVES SOCIETY), CORNERSTONE CREDIT UNION LEAGUE, CO MPEASE SALARY ADMINISTRATION AND OTHER VARIOUS SOURCES AS AVAILABLE AT LEAST EVERY OTHER Y EAR THE SALARY IS SET BASED UPON A REVIEW OF WHAT CREDIT UNION CEO'S IN THE ORGANIZATION'S REGION, AND ACROSS THE COUNTRY, WITH SIMILAR ASSET SIZE WERE PAID IN THE PREVIOUS YEAR THE BOARD OF DIRECTORS ALSO COMPARES THE CEO'S SALARY WITH THE CURRENT PARAMETERS SET WITH IN OUR SALARY ADMINISTRATION GUIDELINES THE COMPENSATION DECISION IS DOCUMENTD IN THE BOARD MINUTES AS WELL AS THE PERSONNEL FILE TO DETERMINE KEY EMPLOYEES' SALARIES, THE CEO IN CONJUNCTION WITH THE SR VP OF HUMAN RESOURCES, UTILIZE THE COMPEASE SALARY ADMINISTRATION N PROGRAM

990 Schedule O, Supplemental Information Return Reference Explanation

FORM 990, PART VI, SECTION C, LINE 19

UNAUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE BY POSTING AT EACH BRANCH THE ANNUAL REPORT IS PROVIDED TO ALL MEMBERS AT THE CREDIT UNION'S ANNUAL MEETING AND UPON REQUEST THRO UGHOUT THE YEAR THE ANNUAL REPORT IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE THE GO VERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WOULD BE RELEASED TO MEMBERS UPON REQUES T

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT FOR THE PART XII, FISCAL YEAR ENDED SEPTEMBER 30, 2018 THE ORGANIZATION DID NOT OBTAIN AUDITED FINANCIAL ST QUESTION ATEMENTS FOR THE TAX YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133080089 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** 2018 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** VELOCITY CREDIT UNION 74-1200165 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (a) (b) (c) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Direct controlling Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) VELOCITY RE HOLDINGS LLC HOLDS PROPERTY TX 2,536,899 32,770,542 VELOCITY CREDIT UNION 610 E 11TH ST AUSTIN, TX 787012621 82-5470280

Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year.	Complete if the orga	anızatıon answered	"Yes" on Form 990	, Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled ity?
						Yes	No
For Paperwork Reduction Act Notice, see the Instructions for Form 990).	Cat No 5013	35Y		Schedule R (Form	990) 20	18

		(state or foreign country)	controlling entity	income(relat unrelated excluded fro tax under sections 51 514)	om	e end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	Percent owners
							Yes	No		Yes	No	
										\square		
										H		
										H		
ations Taxable as a C rganizations treated as	 Corporation a corporation	or Trus	t Complete st during th	 If the orga ne tax year	l Inization ans	 	on Fo	 orm 9!	90, Part IV,	line	34	
(b) Primary activity	(c) Legal domicile (state or foreign country)				(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		year	of- Percei	ntage	(13	(ı) ction 5 3) con entit 'es
											_	\downarrow
											\perp	
											+	
	rganizations treated as	(b) Primary activity L do (state	(b) (c) Primary activity Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	rganizations treated as a corporation or trust during the tax year. (b) Primary activity Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (C corp, S corp, or trust)	(b) Primary activity (c) Legal domicile (state or foreign (d) Direct controlling entity (C corp, S corp, or trust) (e) Type of entity (C corp, S corp, or trust) (g) Share of total income year assets	(b) (c) (d) Type of entity Coperation or trust during the tax year. (b) (c) Legal Direct controlling Type of entity Corp., Scorp., or trust) Corp., Scorp., or	(b) (c) (d) (d) (e) (f) (g) (h) Primary activity (state or foreign (state or foreign)) (c) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Primary activity Legal domicile entity (C corp, S corp, or trust) (C corp, S corp, or trust) (13

Schedule R (Form 990) 2018					Page 3	3
Part V Transactions With Related Organizations Complete if the organization answered "Yes"	on Form 990, Par	t IV, line 34, 35b	or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes N	<u> </u>
1 During the tax year, did the organization engage in any of the following transactions with one or more related of	organizations listed in	Parts II-IV?				_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		_
b Gift, grant, or capital contribution to related organization(s)				1b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				1e		_
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		_
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1 i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				1o		_
p Reimbursement paid to related organization(s) for expenses				1p		_
q Reimbursement paid by related organization(s) for expenses				1q		_
r Other transfer of cash or property to related organization(s)				1r		_
s Other transfer of cash or property from related organization(s)				1s		_
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line						_
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount inv	volved	
	1					

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity		(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	Ar or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
İ			514)	Yes	No	ļ ,		Yes	No		Yes	No	
									_	Schedul	e R (Form	1 990)) 2018

