Return of Organization Exempt From Income Tax

OMB No 1545-0047 2018

Department of the Treasury

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

Inter	nal Revenue	e Service	➤ Go to www.irs.gov/	Form990 for ins	tructions and th	e latest inf	ormation.		Inspectio	
A	For the 2	2018 cale	ndar year, or tax year beginning	10/01	, 2018, a	nd ending	12/3	31	, 20 18	
В	Check if a	pplicable	C Name of organization CREDIT UNIO	N 1				Employ	er identification num	ber
	Address c		Doing business as						92-0021481	
	Name cha	-	Number and street (or P O box if mail is	not delivered to st	reet address)	Room/suite		Telepho	ne number	
	Initial retur	-	1941 ABBOTT ROAD		. 1				(907) 339-9485	
	Final return	/terminated	City or town, state or province, country,	and ZIP or foreign	postal code					
	Amended	return	ANCHORAGE, AK 99507					Gross re	eceipts \$ 17,28	83,699
		•	F Name and address of principal officer	JAMES WILEM	IAN		H(a) Is this a grou	p return for	subordinates? ☐ Yes ☑	√ No
		` "	SAME AS C ABOVE				H(b) Are all su	bordinate	s included? Tes] No
<u> </u>	Tax-exem	pt status	☐ 501(c)(3)	4) ∢ (insert no)	4947(a)(1) or] 5 }} \	lf "No,	" attach a	a list (see instructions)	,
J	Website:	► WW	W CU1 ORG	_		151	H(c) Group e	xemption	number ▶	
ĸ	Form of or	ganization [Corporation Trust Association	☐ Other ►	L Yea	r of formation	1982	M State	of legal domicile	AK
P	art I	Summ	ary		,					
	1 E	3riefly de	scribe the organization's mission	or most signif	cant activities:	HELP M	MBERS AC	HIEVE 7	THEIR FINANCIAL	
e	•	GOALS B	Y FOCUSING ON EXCELLENT SER	VICE AND VALU	E					
Activities & Governance							- -			
/er	2	Check the	s box ▶ ☐ if the organization disc	continued its o	perations or dis	sposed of	more than 2	25% of	its net assets.	
é	3 1	Number o	of voting members of the governing	ng body (Part \	/I, line 1a)			3		7
ଐ	4 1	Number o	of independent voting members o	f the governing	body (Part VI,	line 1b)		4		7
ties	5 7	Total nun	nber of individuals employed in ca	alendar year 20	118 (Part V, line	2a) .		5		554
ξ	6 1	Total nun	nber of volunteers (estimate if nec	essary)		<u> </u>		6		12
Ą			elated business revenue from Par			7).		7a	12	29,644
	b N	Net unrel	ated business taxable income fro	m Form 990-1	-line-38=: -	· <u>Ľ., </u>		7b		4,032)
				99	AUC 1 a 20	· 이 []	Prior Yea	r	Current Year	
a	8 (Contribut	ions and grants (Part VIII, line 1h)	. 0	AUG 1 2 20	19 . [<u>[</u> 2]				0
nue			service revenue (Part VIII, line 2g)			1	56,6	60,821	14,48	87,182
Revenue	10 I	nvestme	nt income (Part VIII, column (A), li	nes 3, 4, and 7	OPEN I	77	3,3	27,746	1,20	09,184
<u> </u>	11 (Other rev	enue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c,∺1	0c, and al 1è) 🖢	11.	6,5	31,275	1,58	83,037
	12 7	Total reve	nue-add lines 8 through 11 (mus	t equal Part VII	l, column (A), lin	e 12)	66,5	19,842	17,27	79,403
	13 (Grants ar	nd similar amounts paid (Part IX, d	olumn (A), line	s 1–3)	· L		24,000		0
	14 E	Benefits p	oald to or for members (Part IX, c	olumn (A), line	4)	· _				
S	1		other compensation, employee ben			5–10)	- 28,0	60,903	7,50	01,243
Expenses	1		nal fundraising fees (Part IX, colu					0		0
ğ	ЬΤ	Total fund	draising expenses (Part IX, colum	n (D), line 25) l	-	0				
ш			enses (Part IX, column (A), lines			·		42,541		10,123
			enses. Add lines 13–17 (must eqi		umn (A), line 25) ·		27,444		11,366
		Revenue	less expenses. Subtract line 18 fi	om line 12 .	<u> </u>	·		92,398		68,037
Ses of						Be	ginning of Curr		End of Year	
sets	20 7		ets (Part X, line 16)					91,297	1,052,28	
Net Assets	21 7		ılıtıes (Part X, line 26)			·		03,258		98,779
			s or fund balances. Subtract line	21 from line 20)		125,7	88,039	129,68	85,770
	art II		ure Block							
Un	der penalti	es of perjui	ry, I declare that I have examined this reture the Declaration of preparer (other than officers).	n, including accon	panying schedules	and stateme h oreparer h	ents, and to the as any knowle	best of i	my knowledge and be	Hiet, it is
tru	e, correct,	and compi	At all 1 VI			p. opa. o		7/21	/10	
o:.			ature of officer				l Date	<u> </u>	17	
Siç		Signa	ture of officer				Date			
He	re	—			T 0 050	_				
				MAN, PRESIDEN	II & CEO	Date		(PTIN	
Pa	id	Frintry	pe preparer's name Pre	eparer's signature		Date		Check	□	
Pr	eparer	·					Ι_	self-em	pioyeu	
Us	e Only				-		· · · ·	EIN ►		
			ddress >				Phon	e no		7 N -
			this return with the preparer sho		e instructions)	•	<u> </u>		Yes L	No O (224.2)
For	Paperwo	ork Redu	ction Act Notice, see the separate i	nstructions.		Cat No	11282Y		Form 99 ((2018) و



art.	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		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	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		✓
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	6		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		√
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	✓	
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	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	✓	
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	✓	
С	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		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	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		√
13 14a	Is the organization a school described in section $170(b)(1)(A)(II)^2$ If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
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		1
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		1
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		✓
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		1
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		✓
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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 19 If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)	-		
-			Yes	No
22`	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	_	✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 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		
26	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		1
27	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		✓
28	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		✓
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	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		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30 31		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	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		✓
34	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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		├ *
	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		<u>. </u>
36	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		
37	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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	
Part '	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	/	
	- openion garing (garinomy) minings to prize ministra		990	(2018)

Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 2 2 554 5 54 5 54 5 54 5 54 5 54 5 54	Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, field for the calendar year ending with or within the year covered by this return 2 554 b				Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 1f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation m Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8868-1? 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that there no that deductible as chartable contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the songanization selling (exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282? 10 United to the payor? 11 Tyes," do the organization make a section of the value of the goods or services provided? 12 Did the organization services and provide	2a				· 1
Note. If the sum of lines 1s and 2s speater than 250, you may be required to e-file (see instructions) 3					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b V 5c 1f *Yes,** has if field a Form 990-T for this year? if *No* for une \$0, prowine an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country; P 5a French en ame of the foreign country; P 5a Was the organization a purity to a prohibited tax shelter fransaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If *Yes,** did the organization notify the donor of the value of the goods or services provided? 1 Free,** did the organization notify the donor of the value of the goods or services provided? 1 Free,** did the organization organization sell, exchange, or otherwise dispose of targible personal property for which it was required to file Form 8282? 8 If *Yes,** did the organization free payors. 9 If *Yes,** indicate the number of Forms 8282 filed during the year 7d 1 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8393 as required? 9 If the organization received a contribution of form 500 to the year 7d 1 Did the organization received a contribution of orabited funds. 1 Did the organization intellectual property, did the organization file ap	b		2b	✓	
b If "Yes," has it flied a Form 990-T for this year? If "No" to kina 5b, provide an explanation in Schedule O. A fairly time during this caleadar year, did the organization have an interest in, or a signature or other authority over a financial account in a foreign country; which is a bank account, securities account, or other financial accounts? Fives," enter the name of the foreign country; See instructions for filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of the filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of the filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of the filing requirements for FinCNEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of the filing requirements for filing for see parts that such a filing requirements for seed for filing fili					
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, section of the financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a	_	-	_	<u> </u>	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction of any time during the tax year? Did any taxabile party notify the organization file Form 8886-1? Does the organization are annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? To Uffer of the Form 8282? If "Yes," indicate the number of Forms 2828 filed during the year If "Yes," indicate the number of Forms 2828 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 1098 C? Sponsoring organization maintaining donor advised funds. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(1) organizations. Enter: Initiation fees and capital contributions in formation the organization filing Form 990 in leu o		·	30	_	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? by Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of "Yes" to line 5a or 5b, did the organization file Form 8886-17. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? of if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization and the tween solicitation and express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization notify the donor of the value of the goods or services provided? The time organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization file form 8289 as required? If the organization received a contribution of qualified intellectual property, did the organization file form 8287. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization received a		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of I*"es" to line 5a or 5b, did the organization flee Form 8886-17 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? of I*"es," did the organization include did with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If I*"es," indicate the number of Forms 8282 filed during the year of the organization eleve any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive a contribution of qualified intellectual property, did the organization than the value of the property, did the organization received a contribution of qualified intellectual property, did the organization than the value of the property of the organization received a contribution of acts, boats, angless, or ther vehicles, did the organization than the value of cars, boats, angless, or their vehicles, did the organization than the vehicles of the organization received a contribution of cars, boats, angless, or their vehicles, did the organization than the vehicles of the organization received promote than the vehicles of the organization than a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoning organization make any taxable distributions under section 4966? Did the sponsoning organization sended on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 501(c)(7) orga	Đ	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c If "Yes," to line 5a or 5b, did the organization lie Form 8886-1? 6a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization of qualifications directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(17) organizations. Enter: Intitation fees and capatia contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 if "Yes," eiter the amount of tax-exempt interest received or accrued during the year against amounts due or	5a		$\overline{}$		
6a					✓
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 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? 15 15 15 15 15 15 15 15 15 15 15 15 15	~				
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a 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 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 15 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? If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 15 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? If "Yes," complete Form 4720, Schedule O.	13				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	а		13a		
the organization is licensed to issue qualified health plans					
c Enter the amount of reserves on hand	b	· · · · · · · · · · · · · · · · · · ·			
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 . 15 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?			14a	L	√
15 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?	_		-		
excess parachute payment(s) during the year?	15				
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. If "See," complete Form 4720, Schedule O.	_		15		<u> </u>
If "Yes," complete Form 4720, Schedule O.					
	16		16		✓,
		If "Yes," complete Form 4720, Schedule O.		. 000	(2010)

Form 99	90 (2018)			Page O
Part.				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		struct	
Socti	Check if Schedule O contains a response or note to any line in this Part VI		<u> </u>	. ✓
Secti	On A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			1
	If there are material differences in voting rights among members of the governing body, or	1		
	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	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u> </u>	<u> </u>	
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	l	1
6	Did the organization have members or stockholders?	6	1	_
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	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	<u> </u>	-	
a	The governing body?	8a 8b	1	
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	90	-	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.))
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	ļ	<u> </u>
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	_	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	/	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
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	1	
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by		1	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	√	
b	Other officers or key employees of the organization	15b	✓	
40	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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1	<u> </u>	Ť
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			<u> </u>
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	Γ (Sec	tion	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 int	erest	polic	y, and
20	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 re	corde	•	
	CHAD BOSTICK CEO 1941 ABBOTT ROAD, ANCHORAGE, AK 99507 (907) 339-8204		-	

		0.66			1/ = 1		^	E 1	
Peravil C	compensation of	Officers, D	irectors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	ana
	-	•	•	•	• • •	•	•	•	
In	ndependent Con	tractors							

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

☐ Check this box if neither the organization	on nor any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(0	C)	-				
(A)	(B)	/do n	ot ob	Pos		than o	200	(D)	(E)	(F)
Name and Title	Average	•				ıs both		Reportable	Reportable	Estimated
	hours per	office	er and	dad	ırect	or/trus		compensation	compensation from related	amount of other
	week (list any hours for	유합	Insi	Officer	<u>\$</u>	랿	Former	the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Ĉ	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	합합	ona		흥	⁸ 2		(VV-2/1099-WIGC)		organization and related
	line)) Isu	tru		ee) per				organizations
		ě	stee			Highest compensated employee				
							-			
(1) DAMIEN STELLA	10									
SECRETARY		✓			<u> </u>			0	0	0
(2) JENNIFER BERNARD	10									
TREASURER		✓						0	0	0
(3) MARIETTA "ED" HALL	10							ļ		
DIRECTOR		✓						0	0	0
(4) ANDRE HORTON	10									
DIRECTOR		✓						0	0	0
(5) COLIN BAXTER	10									
CHAIRMAN		✓						0	0	0
(6) JOE TOWSLEE	10	,			Ì			_		
DIRECTOR		/			<u> </u>		_	0	0	0
(7) STEVEN CAVIN	10	,								•
VICE CHAIR	40.0	✓			\vdash	├		0	0	0
(8) JAMES WILEMAN	40 0			١,				250 000		440.000
PRESIDENT/CEO	40.0			✓	├	 	-	353,626	0	119,893
(9) CHRISTINE BELL	40 0			/				264 040		105.640
CHIEF CULTURE OFFICER	40 0			 *		<u>. </u>		261,848	0	105,649
(10) DAVINA R SIMMONS-NAPIER								200,646	٥	159,242
CHIEF LENDING OFFICER (11) RACHEL LANGTRY	40 0		-	┡	 			200,040		159,242
CHIEF OPERATING OFFICER				_				180,073	٥	54,569
(12) CHARLES BOSTICK	40 0		\vdash	┝	\vdash			100,073	<u> </u>	54,505
CHIEF FINANCIAL OFFICER				/				109,494	اه	11,997
(13) MARK BURGESS	40 0			۱Ť	┢─		 	100,101		
CHIEF TECHNOLOGY OFFICER	····			/				76,927	o	69
(14) DEBBIE CASEY	40 0			Ė	<u> </u>	 		1 2,021		
SVP OF MEMBER ASSISTANCE					1	/		169,674	l o	110,255
	ļ.			_		<u> </u>	Ь		· · · · · · · · · · · · · · · · · · ·	E QQQ (2018)

Form 990 (2018)

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
•	(A) Name and title	(B) Average hours per	box, i	ot ch unles:	s pe	ition more	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation free	om	- (F) Estimated amount of other
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	compensation from the organization and related organizations
(15)	TERRI COLSON	40 0		П								
	R PROJECT MANAGER			_			✓		142,640		0	54,002
	ERIC BENDER	40 0					/		127 000		0	40 147
	RPRISE SYSTEMS MANAGER MIKE SEARCY	40 0							137,889	·	-	48,147
3	LY OPERATIONS MANAGER						1		137,045		0	21,086
(18)	GLYNN CATER	40 0										
SENIO	R PROGRAMMER/ANALYST						✓		133,735		0	20,621
32	PAUL YANG DENT/CEO	40 0						✓	125,734		0	3,835
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Sub-total						•	•	2,029,331		0	709,365
	Total from continuation sheets to Part			•					0 000 004		0	700.365
d	Total (add lines 1b and 1c) Total number of individuals (including but						above	2) W	2,029,331	ore than \$100		709,365 f
2	reportable compensation from the organi		10 (1)	030	1130	Cui	10040	′) ''	26	ore triair wroo	,000 0	'
3	Did the organization list any former of employee on line 1a? If "Yes," complete 9							emp	oloyee, or high	est compens	ated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4 🗸
5	Did any person listed on line 1a receive of for services rendered to the organization?										dual	5
Sectio	n B. Independent Contractors	_										
1	Complete this table for your five highest of compensation from the organization. Repyear.											
	(A) (B) (C) Name and business address Description of services Compensation											
NONE												
			_					<u> </u>				
											· ·	
								-				
2	Total number of independent contractor received more than \$100,000 of compensi							th	ose listed abo	ove) who		; ;

Part	VIII	Statement of Reve				_		_
		Check if Schedule C	contains a r	esponse or note to			(C)	<u>.</u> (D)
					(A) Total revenue	(B) Related or	Unrelated	Revenue
		•				exempt function	business revenue	excluded from tax under sections 512-514
<u> </u>	1a	Federated campaigns	s I 1	а		revenue		312-314
ant	b	Membership dues .		b				
ي <u>ق</u>	C	Fundraising events .		c				
iifts ar A	d	Related organizations		d				
s, G	e	Government grants (con		e				
ions	f	All other contributions, g						
but the		and similar amounts not inc		lf				
d di	g	Noncash contributions includ	ded in lines 1a–1f.	\$				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f	<u>.</u> . >	0			
ILE				Business Code				[
ver	2a	INTEREST FROM LOA	NS		9,540,921			9,540,921
æ	b	SERVICING FEES			4,838,225		30,813	4,807,412
ζį	С	ORIGINATION FEES			108,036			108,036
Sel	d	•••••						
ram	e	All all and an arrangement			0			0
Program Service Revenue	f	All other program ser Total. Add lines 2a-2			14,487,182		- 0	
	<u>g</u> 3	Investment income			14,467,102			
		and other similar amo	•		1,213,130	1,213,130		
	4	Income from investmen	•		.,,	1,2 10,100		
	5	Royalties	•	·		.,,_,		
		,	(i) Real	(II) Personal				1
	6a	Gross rents						
	b	Less. rental expenses						
	С	Rental income or (loss)		0 0				
	d	Net rental income or						
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory		350				
	b	Less cost or other basis						
		and sales expenses		4,296				
	C	Gain or (loss)		0 (3,946)	(2.046)			<u>l</u> (3,946)
	d	Net gain or (loss) .		· · · · •	(3,946)			(3,540)
ne	8a	Gross income from fu	ındraising					
_		events (not including \$	and along					
ě		of contributions reporte	ed on line 1c)					
erl		See Part IV, line 18 .		а				
Other Rever	b	Less: direct expenses	s	b				
Ŭ		Net income or (loss) f						
	9a	Gross income from ga	-					
į		Less: direct expenses		b				
		Net income or (loss) f						
	10a	Gross sales of in returns and allowance						
	.	Less: cost of goods s		b				
	b	Net income or (loss) f						
	Ť	Miscellaneous R		Business Code				
	11a	CREDIT LIFE & DISAB			789,937	789,937		
	b	GAP FEES		-	326,654	326,654		
	C	MISC			315,584	315,584		
	d	All other revenue .			150,862	0	98,831	52,031
	е	Total. Add lines 11a-	-11d .	•	1,583,037			
	12	Total revenue. See in	nstructions		17,279,403	2,645,305	129,644	14,504,454

Form 9	90 (2018)				Page 10
	t IX Statement of Functional Expenses		·		
	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	ns must complete co	lumn (A)
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	477,378			
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 8	Other salaries and wages	5,382,910			
9	Other employee benefits	775,942			
10	Payroll taxes	445,214			
11	Fees for services (non-employees):				
а	Management				
b	Legal [19,365			
С	Accounting [26,131			
d	Lobbying [
е	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.) .	63,610			
12	Advertising and promotion	502,097			
13	Office expenses	1,952,581			
14	Information technology	710,267			
15	Royalties	505.004			
16	Occupancy	595,081			
17	Travel	99,185			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	77,478			
20	Interest	823,032			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	632,619		1	

74,058

271,704

471,114

321,356

70,445

14,211,366

LOAN LOSS

OTHER EXPENSE

23

24

С

е

25

26

Insurance

LOAN SERVICING

d POSTAGE AND SHIPPING

All other expenses

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.)

Total functional expenses. Add lines 1 through 24e

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)

P	art X						
		Check if Schedule O contains a response of	r note	to any line in this Par			<u>.</u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		[15,778,679	1	8,431,010
	2	Savings and temporary cash investments			99,913,438	2	103,461,256
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net	•	[4	
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co					
		Complete Part II of Schedule L			0	5	0
S)	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ai sponsoring organizations of section 501(c)(9) volur organizations (see instructions) Complete Part II of Sche	tributing employers and employees' beneficiary	·····	6	0	
Assets	7	Notes and loans receivable, net) -	765,323,908	7	768,504,764
As	8	Inventories for sale or use	• •		, 00,020,000	8	, 00,001,101
	9	Prepaid expenses and deferred charges			28,915,066		30,481,999
	10a	Land, buildings, and equipment cost or	ı .	ı' ' ' ' '		<u> </u>	3,101,000
	100	other basis. Complete Part VI of Schedule D	10a	64,876,717			·
	ь	Less: accumulated depreciation	10b		34,668,180	10c	34,497,107
	11	Investments—publicly traded securities				11	<u></u>
	12	Investments—other securities. See Part IV, line	⊢	67,821,611	12	96,240,101	
	13	Investments—program-related. See Part IV, line	0		0		
	14	Intangible assets	_	<u></u>	14		
	15	Other assets. See Part IV, line 11	_	10,570,415		10,668,312	
	16	Total assets. Add lines 1 through 15 (must equi	F	1,022,991,297		1,052,284,549	
	17	Accounts payable and accrued expenses .			878,550,656	17	904,494,557
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part I\	/ of Schedule D .	2,204,630	21	3,137,183
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest comper					
bili		disqualified persons. Complete Part II of Schedu				22	0
Lia	23	Secured mortgages and notes payable to unrela		⊢		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines					
		of Schedule D		, · ·	16,447,972	25	14,967,039
	26	Total liabilities. Add lines 17 through 25		[897,203,258		922,598,779
es		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an), che				
ınc	27					27	
3ak	28					28	
DE	29	•				29	-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 9) complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds		 *		30	
set	31	Paid-in or capital surplus, or land, building, or ea		_		31	
As	32	Retained earnings, endowment, accumulated in			125,788,039	-	129,685,770
Vet	33	_			125,788,039	-	129,685,770
_	34	Total liabilities and net assets/fund balances			1,022,991,297	34	1,052,284,549
							Form 990 (2018)

Form 9	90 (2018)		Pa	age 12
Par				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		<u> </u>	9,403
2	Total expenses (must equal Part IX, column (A), line 25)			1,366
3	Revenue less expenses. Subtract line 2 from line 1			8,037
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4			8,039
5	Net unrealized gains (losses) on investments		82	9,694
6	Donated services and use of facilities	_		
7	Investment expenses	_		
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	·	129,68	5,770
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	.		li
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	, [١.	1
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both	į		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	<u> </u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	:		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		1
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	3b		
		For	п 99 0	(2018)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No 1545-0047

Open to Public

Inspection Name of the organization Employer identification number 92-0021481 **CREDIT UNION 1** Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	<u> </u>			
		(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		<u> </u>			
5	Did the organization inform all donors and donor					
	funds are the organization's property, subject to the	_				
6	Did the organization inform all grantees, donors, a					
	only for charitable purposes and not for the bene					
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Par	t II Conservation Easements.	"Voo" on Form 990 Port IV line 7				
_	Complete if the organization answered					
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea		f a historically important land area			
	Protection of natural habitat		f a certified historic structure			
	Preservation of open space	Freservation of	a certified historic structure			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation			
_	easement on the last day of the tax year.		Held at the End of the Tax Year			
а			2a			
b	Total acreage restricted by conservation easement	ts				
C	Number of conservation easements on a certified					
d						
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the					
	tax year ►					
4	Number of states where property subject to conse	rvation easement is located				
5	Does the organization have a written policy re					
	violations, and enforcement of the conservation ea		- -			
6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing	g conservation easements during the year			
-	>		and a state of the same of the same			
7	Amount of expenses incurred in monitoring, inspectin \$\bigs\$	ng, nandling of violations, and emorcing	conservation easements during the year			
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(b)(4)(R)(i)			
Ü	·		· · · · · · · Yes · No			
9	In Part XIII, describe how the organization reports					
9	balance sheet, and include, if applicable, the text of					
	organization's accounting for conservation easeme					
Par	Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.				
1a						
	works of art, historical treasures, or other similar					
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.			
b	If the organization elected, as permitted under S					
	works of art, historical treasures, or other similar		lucation, or research in furtherance o			
	public service, provide the following amounts relat					
	(i) Revenue included on Form 990, Part VIII, line 1					
_	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art following amounts required to be reported under S					
_	· · · · · · · · · · · · · · · · · · ·					
a	Revenue included on Form 990, Part VIII, line 1 .					
<u>b</u>	Assets included in Form 990, Part X		· · · · / 5			

2018 Return Credit Union 1- 92-0021481

	Complete if the organization ansi	werea "Yes" on For	<u>m 990, Paπ IV, lin</u>	e 11a. See Form 99	u, Part X, line Tu.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	13,448,652			13,448,652
b	Buildings	34,133,267		16,193,013	17,940,254
С	Leasehold improvements				
d	Equipment	17,147,712		14,186,597	2,961,115
е	Other	147,086			147,086
Total.	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part)	(, column (B), line 10	0c.) ▶	34,497,107

Schedule D (Form 990) 2018

Part VII	Investments - Other Securities Complete if the organization ans		n 990, Part IV, lin	e 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Metho	d of valuation -year market value
(1) Financial	derivatives				
• •	neld equity interests	[
(3) Other OT	HER		96,240,101	END OF YEAR MARK	(ET VALUE
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)					
(H)					
	o) must equal Form 990, Part X, col (B) line 12)		96,240,101		
Part VIII	Investments-Program Related	d.		L 	
	Complete if the organization ans		n 990, Part IV, lin	e 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment		(b) Book value		d of valuation -year market value
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
<u>(7)</u>					
(8)					
(9)	o) must equal Form 990, Part X, col (B) line 13.)				
Part IX	Other Assets.			<u> </u>	
Tartix	Complete if the organization ansi	wered "Yes" on Forn	n 990. Part IV. line	e 11d. See Form 9	90. Part X. line 15.
		a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)					
(4)					
(5)					
(6)		···-			
<u>(7)</u>					
(8)					
(9)	mn (b) must equal Form 990, Part X, co	ol (P) line 15)			
Part X	Other Liabilities. Complete if the organization ans				Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value			
(1) Federal in		(b) Book value			
	ED DIVIDENDS		292		
	ED EXPENSES	4,851			
(4) CARD S		5,142			
	EE BENEFITS	4,765			
(6) MISC LIA			,330		
	ISE ACCOUNTS	(55,	871)		
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 25.) ▶	14,967			
	uncertain tax positions. In Part XIII, provi s liability for uncertain tax positions under				

2018 Return Credit Union 1- 92-0021481

Part				Return.	
	Complete if the organization answered "Yes" on Form 990,		7, IIIIe 12a.		47 270 402
1	Total revenue, gains, and other support per audited financial statements	• •		1	17,279,403
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
a	Net unrealized gains (losses) on investments	2a		{: ::::::	
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		_
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	17,279,403
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	0		
C	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	17,279,403
Part	XII Reconciliation of Expenses per Audited Financial Staten	nents	With Expenses pe	er Return.	
1	Complete if the organization answered "Yes" on Form 990,	Part I\	/, line 12a.		
1	Total expenses and losses per audited financial statements			1	14,211,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	14,211,366
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 !			
a	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	· · · · · · · · · · · · · · · · · · ·			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	14,211,366
	XIII Supplemental Information.	,			, ,
2, Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part TATEMENT				
				•	
					·

n -	4	\sim	П
-461	4 6	ж	н

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 - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	ESCROW AMOUNT REPRESENTS MORTGAGE LOAN RESERVES
	SEE STATEMENT

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization **CREDIT UNION 1**

Employer identification number 92-0021481

Part	Questions Regarding Compensation				
1a		rovided any of the following to or for a person listed on Form provide any relevant information regarding these items.		Yes	No ,
	_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Ι,		10
	First-class or charter travel	☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence			
	Travel for companions	Health or social club dues or initiation fees] .	١ .
	☐ Tax indemnification and gross-up payments	Personal services (such as maid, chauffeur, chef)	•	[1.5
	Discretionary spending account	Personal services (such as maid, chauneur, cher)	Ι.		10000
ь	If any of the hoves on line 1a are checked did t	the organization follow a written policy regarding payment		1	· •
		penses described above? If "No," complete Part III to		-	<u> </u>
	explain		1b	✓	l
					,
2		or to reimbursing or allowing expenses incurred by all O/Executive Director, regarding the items checked on line		1	-
	lar		2	ļ. *	
3	Indicate which if any of the following the filing are	ganization used to establish the compensation of the		·.	
3	organization's CFO/Executive Director. Check all t	that apply. Do not check any boxes for methods used by a		,	
	related organization to establish compensation of	the CEO/Executive Director, but explain in Part III.		. •	3.0
	☐ Compensation committee	✓ Written employment contract	ŀ		
	☐ Independent compensation consultant	✓ Compensation survey or study			
	☐ Form 990 of other organizations	Approval by the board or compensation committee			. 4
	o.m. coo c. card. o.gam.aacc	+p	٠.		\$
4	During the year, did any person listed on Form 990), Part VII, Section A, line 1a, with respect to the filing			.
	organization or a related organization:	•	ŀ٠.		17.
a	Receive a severance payment or change-of-control	ol payment?	4a	1	
b	Participate in, or receive payment from, a supplem	nental nonqualified retirement plan?	4b	1	
C	Participate in, or receive payment from, an equity-		4c		1
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III.	٠.		ر. ا
		•	١.	-	
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29)		٠,٠	1.	
5	For persons listed on Form 990, Part VII, Section A	A, line 1a, did the organization pay or accrue any	١٠	•	Ι΄.
	compensation contingent on the revenues of:		<u></u>	ļ	
a	The organization?		5a	\vdash	├──
þ	Any related organization?		5b		 ,
	If "Yes" on line 5a or 5b, describe in Part III.				3
	For persons listed on Form 990, Part VII, Section A	line 1s, did the organization pay or accrue any	١,		
•	compensation contingent on the net earnings of:	into 12, did the organization pay or deorde any	l .	•	1
а	The organization?		6a		
_			6b		
	If "Yes" on line 6a or 6b, describe in Part III.		 	│	1:
	11 100 0111110 04 01 05, 00001150 1111 411111		١.		,
7		on A, line 1a, did the organization provide any nonfixed "describe in Part III	7		
8	• •	, paid or accrued pursuant to a contract that was subject			
_		Regulations section 53.4958-4(a)(3)? If "Yes," describe	1		1
			8		1
			\Box		,\$
9	If "Yes" on line 8, did the organization also fo	llow the rebuttable presumption procedure described in			
			9		1

Schedule J (Form 990) 2018

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

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)()-(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.

	3	(R) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC	Compensation	מוז און ספנוטון כן ווויפ ומ, מטטווכמטופ טטונוווון (ט) מוזט (ב) מוווטנון אומן ווומן וווטואוטנומ	a, applicable coluin	ווטטוווג (ב) מווטטווג	o loi tilat ilidividual.
)		o combonoano	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior
		-		compensation				Form 990
JAMES WILEMAN	9	333,626	20,000	0	83,057	36,836	473,519	0
1 PRESIDENT/CEO	Ξ	0	0	0	0	0	0	0
CHRISTINE BELL	(0)	166,848	15,000	80,000	93,103	12,546	367,497	80,000
2CHIEF CULTURE OFFICER	€	0	0	0	0	0	0	0
DAVINA R SIMMONS-NAPIER	()	185,646	15,000	0	146,646	12,596	359,888	0
3CHIEF LENDING OFFICER	(E)	0	0	0	0	0	0	0
RACHEL LANGTRY	(0)	170,073	10,000	0	54,156	413	234,642	0
4CHIEF OPERATING OFFICER	(ii)	0	0	0	0	0	0	0
DEBBIE CASEY	(1)	154,674	15,000	0	98,049	12,206	279,929	0
5 SVP OF MEMBER ASSISTANCE	(ii)	0	0	0	0	0	0	0
TERRI COLSON	()	134,640	000'8	0	28,826	25,176	196,642	0
6 SENIOR PROJECT MANAGER	Ξ	0	0	0	0	0	0	0
ERIC BENDER	()	132,639	5,250	0	9,498	38,649	186,036	0
7ENTERPRISE SYSTEMS MANAGER	<u>(ii)</u>	0	0	0	0	0	0	0
MIKE SEARCY	(1)	131,795	5,250	0	806'8	12,178	158,131	0
8 IT DAILY OPERATIONS MANAGER	(ii)	0	0	0	0	0	0	0
GLYNN CATER	8	131,735	2,000	0	990'8	12,556	154,356	0
9 SENIOR PROGRAMMER/ANALYST	(ii)	0	0	0	0	0	0	0
PAUL YANG	(1)	40'08	0	299'58	1,167	2,668	129,569	0
10 PRESIDENT/CEO	(ii)	0	0	0	0	0	0	0
	Ξ							
11	(ii)							
	Ξ							
12	Ξ							
	3							
13	(E)							
	Ξ	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
14	≘							
	8							
15	€							
	Ξ							
16	Ξ							
								C100 1000

2018 Return Credit Union 1-92-0021481

Part	П	ľ
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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 - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST CLASS TRAVEL FOR THE CEO AND BOARD CONSULTANT IS AUTHORIZED WHEN TRAVELING OUTSIDE OF THE STATE FOR BUSINESS PURPOSES ONE FIRST CLASS TICKET PER YEAR IS AUTHORIZED FOR ALL BOARD MEMBERS AND THE SUPERVISORY COMMITTEE CHAIRMAN WHEN TRAVELING OUT OF STATE TO ATTEND TRAINING OR A CONFERENCE
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	PAUL YANG RECEIVED \$66,667 OF SEVERANCE PAY IN FEBRUARY 2018
4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	SENIOR LEVEL MANAGERS ARE ELIGIBLE FOR A 457(F) NONQUALIFIED COMPENSATION PLAN AND RECEIVE PERIODIC PAYMENTS UNTIL RETIREMENT THE ANNUAL BENEFIT ACCRUALS ARE INCLUDED IN COLUMN C OF SCHEDULE J THE FOLLOWING PAYMENTS WERE MADE DURING THE YEAR CHRISTINE BELL \$80,000 JULY 2018 MARK RHODES (\$182,402) FORFEITED IN JULY 2018 DUE TO EARLY TERMINATION

SCHEDULE O (Form 990 or 990-EZ)

Department of Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the Organization CREDIT UNION 1

Employer Identification Number 92-0021481

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	MARIETTA HALL AND JAMES WILEMAN - BUSINESS RELATIONSHIP
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	CREDIT UNION ACCOUNT HOLDERS ARE MEMBERS
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	MEMBERS CAN VOTE TO ELECT THE GOVERNING BODY AT THE ANNUAL MEETING.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE 990 WAS REVIEWED AND APPROVED BY THE OFFICERS AND BOARD OF DIRECTORS BEFORE IT WAS FILED
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	EMPLOYEES SIGN ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE CONFLICTS OF INTEREST POLICY BOARD OF DIRECTORS REPORT IN WRITING ANY CONFLICTS OF INTEREST ANNUALLY
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	CEO COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS COMPENSATION SURVEYS ARE OBTAINED AND THE COMPENSATION REVIEW AND APPROVAL PROCESS IS DOCUMENTED PROCESS LAST COMPLETED IN 2017
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	COMPENSATION IS APPROVED BY THE PRESIDENT COMPENSATION SURVEYS ARE OBTAINED AND THE COMPENSATION REVIEW AND APPROVAL PROCESS IS DOCUMENTED
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	RECLASSIFICATION FOR REALIZED INVESTMENT (GAINS) LOSSES INCLUDED IN NET INCOME/LOSS
SCHEDULE L, PART I - BUSINESS TRANSACTIONS	BUSINESS TRANSACTIONS BETWEEN THE CREDIT UNION AND INTERESTED PERSONS AS MEMBERS OF THE CREDIT UNION WITH THE SAME TERMS OFFERED TO OTHER MEMBERS OF THE CREDIT UNION WERE NOT INCLUDED ON SCHEDULE L