DLN: 93493192017900

2019

OMB No. 1545-0047

Department of the Treasury

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.

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

Open to Public Inspection

		ue Service	1												
A F	or the	2019 c		ır, or tax year b	beginni	ng 01-0	1-2019	, and en	ling 12-3	31-2019)				
		plicable:	C Name of or General Ele	ganization ectric Credit Union								D Employ	er identif	ication number	
	dress cl me cha	-	% GENERA	L ELECTRIC CREDIT	OIMIL TI							31-056	8628		
	tial retu	-	Doing busin		11 01110										
		/terminated													
	nended		10/95 Pos	d street (or P.O. bo	ox if mail	is not deliv	vered to s	treet addres:	s) Room/s	uite		E Telephor	ne number		
□ Ар	☐ Application pendir											(513) 243-4328			
				n, state or province OH 45241	e, country	, and ZIP	or foreign	postal code							
										_		G Gross re	eceipts \$ 1	36,441,435	
				nd address of pri D BALLNGER	incipal o	officer:				H(a)	Is this	a group re	turn for		
				DING ROAD								dinates?		□Yes ☑No	
				TI, OH 45241						⊣ н(ь)	includ	l subordinat ed?	tes	☐ Yes ☐No	
[Ta	x-exem	npt status:	☐ 501(c)(3	3) 🗹 501(c)(14) ◀ (ii	nsert no.)	☐ 49	947(a)(1) or	□ 527		If "No	," attach a	list. (see	instructions)	
J W	ebsite	e:► WW	VW.GECREDI	TUNION.ORG						H(c)	Group	exemption	number	>	
K Forr	n of org	ganization:	: 🗹 Corpora	tion 🗌 Trust 🔲	Associa	tion 🔲 (Other 🟲			L Year	of forma	ition: 1954	M State OH	of legal domicile:	
Pa	art I		mary				· C·								
	1			ganization's miss L SERVICES TO I		_		tivities:							
)Ce	=														
<u> </u>	-														
Governance			\Box												
Ġ 5				if the organization							an 25%	of its net a	ssets.		
	1		_	nt voting membe	_	, ,		•					4		
<u>e</u>	1		· -	=		_		-	-			•	5	42!	
Activities &			umber of individuals employed in calendar year 2019 (Part V, line 2a)											123	
٦ کو	1		·										6 7a	240,37	
	1			ss taxable income			, ,,			• •			7b	-185,783	
	"	Net uniei	iated busines	is taxable income	ie irom r	01111 990)-1, IIIIe .		• •	· · ·	Dei	or Year	175	Current Year	
	، .	Contribut	tions and ara	ints (Part VIII, line	no 1h)					\vdash	FII	or rear	0	Current rear	
₫	1		_	•	•				•	-		100 051			
Ravenue	1	-	ogram service revenue (Part VIII, line 2g)							-		108,851,		120,493,24	
æ	1		ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							\vdash		3,870,		12,815,03	
	1		-					-		\vdash		112,722,	71.2	122 200 20	
	-			nes 8 through 11					line 12)		28,100			133,308,28	
				nounts paid (Part	-	. ,.		•	•	<u> </u>		28,		35,00	
			•	members (Part	-		,			<u> </u>	21 444 425			20.071.66	
88		-		ensation, employe		•	•	• •	•	<u> </u>	21,444,435			5 28,074,664	
Ë				ing fees (Part IX,		• • •	e 11e) .			<u> </u>			0		
Expenses	1			es (Part IX, column		· —			<u> </u>						
	1	•		IX, column (A), l								77,404,		92,860,41	
				ines 13–17 (mus	•			• •		_		98,877,		120,970,08	
/8	19	Revenue	less expense	es. Subtract line	18 from	line 12						13,845,		12,338,20	
et Assets or ind Balances										Beg	ginning	of Current Y	rear	End of Year	
set	20 -	Total asse	ets (Part X I	ine 16)					_			3,042,586,	327	3,361,431,29	
AB B	1			(, line 26)								2,762,788,		3,069,031,18	
ž Š	1			lances. Subtract			20		•	-		279,798,		292,400,11	
	rt II		ature Bloc		. IIIIE ZI	TI OITI TITLE	20 .	<u> </u>	•			279,790,	199	292,400,11	
				lare that I have e	examine	ed this re	turn, inc	luding acco	mpanying	g schedu	ıles and	statement	s, and to	the best of my	
know	ledge a	and belie												which preparer has	
any k	nowled	age.													
		*****	*								202	0-07-15			
Sign	l	Signatu	ure of officer								Date	е			
Here		KEVIN	MOTLEY CFO												
			or print name a	nd title											
		P	Print/Type prep	arer's name		Preparer's	signature			Date	4.5 61.		PTIN		
Paid	d									2020-07-		ck LJ if -employed	P00838533	<i></i>	
	- pare	r 🖪	irm's name	► BKD LLP					•			n's EIN ▶			
	Onl	ı H	Firm's address f	► 201 N Illinois Stre	reet						Db -	ne no /217\	383-4000		
	J	· [iiii a audi ess I								Pno	ne no. (317)	JOJ-4000		
				Indianapolis, IN	46204										
Mav t	he IRS	S discuss	this return v	with the preparer	r shown	ahove? ((see inst	ructions)					V	∕es □No	

Form	990 (2019)				Page 2							
Pa	Statement	of Program Service Ac	complishments									
	Check if Sche	dule O contains a response o	r note to any line in this Part III .		🗆							
1	Briefly describe the o	organization's mission:	,									
	/IDING A VARIETY OF VIABLE CREDIT UNION		RVICES DESIGNED TO BENEFIT ME	EMBERS EXPERIENCE THROUGH	A STRONG FINANCIAL							
2	-	, , , .	ogram services during the year whi	ch were not listed on								
	the prior Form 990 o	☐ Yes 🗹 No										
	If "Yes," describe the											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?		🗌 Yes 🗹 No									
	If "Yes," describe the	If "Yes," describe these changes on Schedule O.										
4	Section $501(c)(3)$ an		nplishments for each of its three la e required to report the amount of service reported.									
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data				, 							
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data											
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data											
4d	Other program servi											
	(Expenses \$	including	grants of \$) (Revenue \$)							
4e	Total program serv	/ice expenses ►										

Form 990 (2019)							
Par	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 <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <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		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? <i>If "Yes," complete Schedule D,</i> Part \$\frac{1}{2}\$	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 2	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	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	10		No			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes				
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No			
	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 "S	11d		No			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No			
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	Yes				
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No			
4-	Did the annuitation around a Dat IV column (A) line 2 around the dE 000 of annuitation and the annuitation and						

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Nο

Nο

Nο

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20b

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Yes

Form **990** (2019)

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

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

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

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16

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orm 9	990 (2019)			Page 4			
Part	Checklist of Required Schedules (continued)						
			Yes	No			
	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	Yes				
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II						
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III						
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):						
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No			
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No			
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	34		NI-			
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N. Part II</i>	31		No No			
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No			
4	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	Yes				
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No			
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36					
7							
8	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	Yes				
Part	V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64,031						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1					

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	425		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority ov financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
b	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 (FBAF	8).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	on 6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts v not tax deductible?	vere 6b		
7	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 se provided to the payor?	rvices 7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	orm 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b				
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.			
13	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. Enter the amount of reserves the organization is required to maintain by the states in	· 13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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 ex parachute payment(s) during the year?	cess . 15		No
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.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines √			
Se	ection 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 9						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No			
6	Did the organization have members or stockholders?	6	Yes				
7a	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?						
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	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?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No			
Se	ection 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		No			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		No			
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
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					
	ection C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed▶						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and records: BGENERAL ELECTRIC CREDIT UNIO 10485 READING ROAD CINCINNATI, OH 45241 (513) 243-4328						

Part VII

1st Vice Chairperson

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.
 - 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, of reportable compensation from the organization 						sated	emp	oloyees who receive	ed more than \$100	,000
• List all of the organization's former director organization, more than \$10,000 of reportable co	rs or trustees	that red	ceive	d, in	the	capa and ar	city ny re	as a former directo elated organizations	or or trustee of the s.	
See instructions for the order in which to list the	persons above.									
Check this box if neither the organization no	r any related or	rganizat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo both	t che ox, u h an or/tr	nless office ustee	er)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(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	`Misc)	`Misc)	related organizations
(1) Timothy D Ballinger President/CEO	40.0	×		x				948,348	0	55,905
(2) Kevin Motley CFO	40.0			х				312,888	0	24,789
(3) Neil Peterson Director of Lending Services	40.0				х			237,880	0	94,538
(4) Matthew Dole Human Resources Director	40.0				х			230,667	0	83,705
(5) Kevin Riede Director of IT	40.0				х			211,858	0	89,582
(6) Jill Lingo Marketing Director	40.0				х			194,161	0	55,137
(7) Ashley Cunningham Bus. Dvlpmnt/Member Service	40.0				х			182,705	0	59,078
(8) Brian Lucas Compliance	40.0				х			199,828	0	33,424
(9) Jason Wabrick VP OF CONSUMER LOANS	40.0					×		207,192	0	23,182
(10) Melissa Ziegelmeyer Director of Internal Audit	40.0				Х			175,755	0	10,184
(11) Sharon Short	40.0					×		115,582	0	66,240
Collection Manager	0.0 40.0									
(12) Jeffrey Lenzer					х			160,208	0	20,838
IT Security Risk Management	0.0									
(13) Nicholas McEvoy CHIEF DELIVERY OFFICER	40.0					×		134,000	0	23,815
	0.0 40.0									
(14) Jason Leyda VP OF TREASURY MANAGEMENT	0.0					×		124,152	0	25,626
(15) Ryan Flanigan VP OF ITM SERVICES	40.0					х		121,300	0	21,117
(16) Mary Cay Vessells	1.0	V								_
Chairperson	0.0	Х		Х				0	0	0
(17) Michael Johnson	1.0									

16 POINTS, 39 BROADWAY STE 3300 RM 14 NEW YORK, NY 10006

compensation from the organization \blacktriangleright 45

Form 990 (2019)			•								Page 8	
Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	ploy	ees	, ar	ıd Hiç	jhes	st Compensated	Employees (cor	ntinued)		
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/t	ot che unles fficer truste	•	son a	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	Estim amount comper from	(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	MISC)	MISC)	rela organiz	ted	
(18) Cheryl Hill	1.0	x	['	['	'	['] !	0	Γ		_ (
2nd Vice Chairperson	0.0		<u> </u>	'	'	'	<u></u>		<u> </u> `	1		
(19) Richard Ille	1.0	1		x	T '							
Secretary/Treasurer	0.0	×	'		'	'	_ !	0		Ί	(
(20) Jerry Cabe	1.0							_				
Director	0.0	×	'	'	'	'	'	0			(
(21) Perry Engstrom	1.0						\Box					
Director	0.0	×	'	'	'	'	'	0			(
(22) Gayle Nyswonger	1.0			\Box	\top		\vdash					
Director	0.0	x	'	'	'	'	'	0			(
(23) Robert Peak	1.0		 	\vdash	+-		+					
Director	0.0	×	'	'	'	'	'	0	(C	
1b Sub-Total						<u> </u>						
c Total from continuation sheets to Part					•	<u> </u>		3,556,524	0		687,160	
d Total (add lines 1b and 1c) Total number of individuals (including bu of reportable compensation from the organization)	it not limited to				ve) v	vho re	 ceiv				007,100	
- I					—					Yes	No	
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	*		key (emp!	loye	e, or h	nighe • •	est compensated er	mployee on	,	No	
4 For any individual listed on line 1a, is the organization and related organizations gr individual									the 4	l Yes		
5 Did any person listed on line 1a receive of services rendered to the organization? <i>If</i>										1	No	
Section B. Independent Contractors	5											
Complete this table for your five highest from the organization. Report compensat	compensated in									nsation		
Name and	(A) business address							Descrip	(B) ition of services	Compe		
FISERV, PO Box 745148	340							Core Processin			,598,004	
ATLANTA, GA 303745148										ļ .		
Trak Staffing Service, 625 Eden Park Drive CINCINNATI, OH 45202								Staffing Servic	e	1	,503,151	
NCR CORPORATION, 14181 Collections Center Drive CHICAGO, IL 60693								IT SERVICE		2	,033,429	
MORELIA GROUP, 8600 GOVERNORS HILL DRIVE STE 160 CINCINNATI, OH 45249								CONSULTING		2	,396,819	
16 POINTS, 39 BROADWAY STE 3300 RM 14							_	INVESTMENTS	1	1	,039,350	

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

Part		Statement	of F	Pevenue						Page 9
rait	VII	 '			respo	nse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1	a Federated campa	igns	s	1a	l		revenue		312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues	5.	· [1 b					
Gra mo		c Fundraising even	ts .	[1c					
fs, r A		d Related organizat	tions	s [1d					
Gif		e Government grants	(con	tributions)	1e					
ns, Sim		f All other contributio	ns, g	ifts, grants,						
atio er		and similar amounts above	s not	included	1f					
년 된 동		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	.					
nd n			1 - 1	_ L	1g					
C		h Total. Add lines :	La-I	' · · ·			0			
	_	LOAN INTEREST				Business Code	104,360,072	104,360,072		
æ	28	a LOAN INTEREST				522100	,			
Program Service Revenue	Ł	FEE/OTHER INCOME				522100	16,133,175	15,892,798	240,377	
æ		_								
vice	(
Ser										
ran										
rogi	•	• 								
<u>a</u>	f	· All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a−2	f	>	120,493,247				
		Investment income						6 10,089,646		
		similar amounts). Income from invest		 nt of tax-exer		nd proceeds		0		
		Royalties					-	0		
				(i) Rea	I	(ii) Personal				
	62	a Gross rents	6a							
		Less: rental								
		expenses	6b				_			
	С	Rental income or (loss)	6с		0		0			
	•	d Net rental income	or	(loss)				0		
				(i) Securi	ties	(ii) Other	_			
	78	Gross amount from sales of	7a	5,7	90,224	68,31	8			
		assets other than inventory								
	b	b Less: cost or other basis and 7b 3,			33,150					
		sales expenses		-,-						
	С	Gain or (loss)	7с	2,6	57,074	68,31	8			
	•	d Net gain or (loss)	•			· · · •	2,725,39	2,725,392	!	
<u>a</u>	88	Gross income from fu (not including \$	ndra	ising events of						
eun		contributions reported See Part IV, line 18		line 1c).						
ev.					8a	0				
Other Revenue		b Less: direct expen c Net income or (los			na eve			0		
oth		`	,		\prod					
_	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a	C				
		b Less: direct expen			9b		_			
		c Net income or (los			لــــــا activiti	es •	_	О		
						•				
	10	aGross sales of invertering and allowards	nto	ry, less s	10a	C				
	ı	b Less: cost of good	s so	ld	10b	C)			
		c Net income or (los	s) fr	om sales of	invent	ory ►		0		
		Miscellaneo	us R	evenue		Business Code				
	11	1a								
		b					+			
		<u>.</u>								
							+			
	ľ									
		d All other revenue					+			
		e Total. Add lines 1				>		0		
	12	2 Total revenue. S	ee ir	nstructions .				0 122.067.000	_	
							133,308,28	5 133,067,908	240,37	<u> </u>

orm 990 (2019)				Page 1 (
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must c		_		umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	12,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,381,478			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	15,705,827			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	902,891			
9 Other employee benefits	6,641,697			
. 0 Payroll taxes	1,442,771			
.1 Fees for services (non-employees):				
a Management	0			
b Legal	541,763			
c Accounting	275,324			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,271,515			
2 Advertising and promotion	1,787,352			
.3 Office expenses	1,651,020			
4 Information technology	0			
5 Royalties	0			
6 Occupancy	3,247,151			
7 Travel	58,706			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
9 Conferences, conventions, and meetings	164,786			
0 Interest	62,289,020			
1 Payments to affiliates	0			
2 Depreciation, depletion, and amortization	1,375,944			
3 Insurance	273,228			
4 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR LOAN LOSS	10,626,152			
b LOAN SERVICING	2,813,196			
c DATA PROCESSING EXPENSE	3,855,098			
d MISCELLANEOUS OPERATING	630,162			
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	120,970,081			
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 000 (2010

10a

10b

Check if Schedule O contains a response or note to any line in this Part IX .			🗆
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	2,774,220	1	2,915,585
2 Savings and temporary cash investments	251,851,006	2	368,549,930
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	3,268,591	4	2,857,821
5 Loans and other payables to any current or former officer, director, trustee,			

48.363,324

6,706,921

Page 11

2.756.762.692

927,741

41,656,403

101.561.631

52,842,491

33,357,004

13,845,330

149,429,099

2,905,756,753

3.069.031.182

0

0

292.400.116

292,400,116

3,361,431,298

Form 990 (2019)

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3,361,431,298

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17

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27

28

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31

32

33

0 29

0

279.798.199

279,798,199

3,042,586,327

0

0 18

0 19

0

0 22 0 23

0 24

2,744,250,354

2.762.788.128

2.663.692.464

984,492

14,463,081

26.755.061

48,531,551

30,265,861

18,537,774

3,042,586,327

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Assets Inventories for sale or use Prepaid expenses and deferred charges .

11

12

13

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17

18

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21

23

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25

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33

Liabilities 22

Fund Balances

٥ 29

Assets

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here 🕨 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

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.

3a

3h

Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 31-0568628

Name: General Electric Credit Union

Farm 000 (3010)

Form 990 (2019)

Form 990, Part III, Line 4a:
PROVIDIDE 198.500 MEMBERS A VARIETY OF LOAN AND DEPOSIT SERVICES AT COMPETITIVE INTEREST RATES.

Form 990, Part III, Line 4b: PROVIDED 24,800 LOANS IN EXCESS OF \$945 MILLION IN VARIOUS LOANS TYPES INCLUDING RESIDENTIAL, COMMERCIAL, CONSUMER, AND INDIRECT AUTO, MARINE, AND RV LOANS.

Form 990, Part III, Line 4c: CONTINUED INTEGRATION AND INCREASED TECHNOLOGY TO MAXIMIZE VARIOUS ONLINE PORTALS THAT ACCESS THE VARIETY OF PRODUCTS AND SERVICES PROVIDED. TO MEMBERS RELATIONSHIP.

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

As Filed Data -

DLN: 93493192017900

OMB No. 1545-0047

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.

Open to Public Inspection

2019

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization		Employer identification number
Ger	eral Electric Credit Union		31-0568628
Pa	rt I Organizations Maintaining Donor Advi		r Accounts.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(b) Funds and other accounts
,	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor adviso	rs in writing that the assets held in donor ad	viced funds are the
	organization's property, subject to the organization's ex	clusive legal control?	· · ·
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
-	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education) \square Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histori	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	the organization during the
Ļ	Number of states where property subject to conservation	n easement is located 🟲	
;	Does the organization have a written policy regarding th		of violations,
	and enforcement of the conservation easements it holds		∐ Yes ☐ No
•	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing co	inservation easements during the year
•	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?		70(h)(4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization's financial state	nse statement, and
aı	the organization's accounting for conservation easemen t III Organizations Maintaining Collections	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Ye	·	
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research in fo	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:		
((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, historic following amounts required to be reported under SFAS:	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	, , ,	▶\$
b	Assets included in Form 990, Part X		

Cat. No. 52283D

Schedule D (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

d Equipment .

Jene	dule D	(101111 330) 2013								Page .
Pari	3111	Organizations Maintaining Col	lections of Art, H	istori	cal T	reas	ures, or Other	Similar Ass	ets (continued)
3		the organization's acquisition, accessio (check all that apply):	n, and other records,		any of	the fo	ollowing that are a	significant use	e of it	s collection
а		Public exhibition		d		Loar	or exchange prog	grams		
b		Scholarly research		e		Othe	er			
c		Preservation for future generations								
4		de a description of the organization's co	llections and explain h	ow the	ey furtl	her th	e organization's e	xempt purpose	in:	
5	During	g the year, did the organization solicit o s to be sold to raise funds rather than to							□ Y 6	es 🗆 No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n 990	, Part	: IV,	ine 9, or reporte	ed an amoun		
1a		organization an agent, trustee, custodi ed on Form 990, Part X?						Ī	□ Y	es 🗌 No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fol	lowina	table:			Am	ount	
c		ning balance		_			1c			
d	_	ons during the year					1d			
e		butions during the year								
f		g balance					· · · 			
		-					· · L	[
2a		ne organization include an amount on Fo							_	es ∐ No
b	If "Ye	s," explain the arrangement in Part XIII	. Check here if the ex	planati	ion has	s beer	provided in Part	хии l		
Pa	rt V	Endowment Funds.		000	D	TV /	: 40			
		Complete if the organization answ	vered "Yes" on Form (a) Current year		rior yea		(c) Two years back	(d) Three years	s back	(e) Four years back
1a	Beainni	ing of year balance	(a) current year	(5)	nor yea	*	(c) Two years back	(d) Timee years	Duck	(C) Four years back
	_	outions								
		estment earnings, gains, and losses								
		or scholarships								
e	Other e	expenditures for facilities								
f	Adminis	strative expenses								
		year balance								
2		, de the estimated percentage of the curr	ent year end halance	(line 1	a colu	mn (=	a)) held as:	1		
a		designated or quasi-endowment >	ent year end balance	(11110 1)	g, colu	(6	ij) neid d3.			
b		anent endowment ►								
		orarily restricted endowment >								
С		ercentages on lines 2a, 2b, and 2c shou								
3a	Are th	nere endowment funds not in the possessization by:	'	on that	t are h	eld ar	nd administered fo	r the		Yes No
	-	related organizations							3	a(i)
		elated organizations								a(ii)
b		s" on 3a(ii), are the related organization	ns listed as required o	n Sche	dule R	۱? .				3b
4	Descr	ibe in Part XIII the intended uses of the	organization's endow	ment f	funds.					, ,
Par	t VI	Land, Buildings, and Equipme								
		Complete if the organization answ								
	Descri	ption of property (a) Cost or otl		or other	basis (other)	(c) Accumulated	depreciation		(d) Book value
		,	·							
	Land					70,002	+			15,570,00
b	Building	gs				09,981	+	4,310,897		21,499,08
С	Leaseh	old improvements			4:	12,744	-	30,244		382,50

6,570,597

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

4,204,817

2,365,780

Part VII Investments—Other Securities.	Λ Dort IV !:~-	11h Soo Earm 000 5	Part V line 12
Complete if the organization answered "Yes" on Form 99 (a) Description of security or category (including name of security)	0, Part IV, line (b) Book value	(c) Method	Part X, line 12. d of valuation: Lyear market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 99		11c Soc Form 990 I	Part Viling 13
(a) Description of investment	o, Parc IV, lille	(b) Book value	(c) Method of valuation:
			Cost or 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 answered 'Yes' on Form 990), Part IV, line	11d. See Form 990, Par	
(a) Description			(b) Book value
(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 answered 'Yes' on Form 990 (a) Description of liability	o, Part IV, line	Tie or Tir.See Form	(b) Book value
(1) Federal income taxes (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)			2 005 750 75
 Liability for uncertain tax positions. In Part XIII, provide the text of the foot 	note to the orga	nization's financial stater	2,905,756,753 ments that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che	eck here if the te	xt of the footnote has be	en provided in Part XIII 🏻 🔲

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s	upport per audited financial statements .		1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

chedule D (Form 990) 2019	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: EIN: 31-0568628

Name: General Electric Credit Union

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2:	FIN 48 DISCLOSURE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIIONS UNDER THE GUIDANCE INCLUDED IN ASC 470. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UN CERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493192017900			
Note: To capture the full o	content of this do		-			1	OMB No. 1545-0047			
Grants and Other Assistance to Organizations, Governments and Individuals in the United States							2019			
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. ■ The property of the latest information.									
Name of the organization General Electric Credit Union						Employer iden	tification number			
						31-0568628				
Part I General Inform	ation on Grants	and Assistance								
1 Does the organization mai the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ No			
2 Describe in Part IV the org	janization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.						
		estic Organizations ar can be duplicated if add		nts. Complete if the o	ganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient			
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance				
(1) GE Employee's Community Service Fund ONE NEUMANN WAY H334 CINCINNATI, OH 45215	31-6049266	501(c)(3)	13,000				GENERAL SUPPORT			
(2) MAY WE HELP 7501 WOOSTER PIKE CINCINNATI, OH 12004	27-1490751	501(c)(3)	10,000				GENERAL SUPPORT			
2 Enter total number of sect	()()	-				• _	2			
3 Enter total number of other				Cat. No. 50055			Schedule I (Form 990) 2019			

Schedule I (Form 990) 2019 Part III Grants and Other Assistance		omplete if the organization	n answered "Yes" on For	m 990, Part IV, line 22.	Page 2
Part III can be duplicated if add	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	6	12,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Inform	ation. Provide the informa	tion required in Part I,	line 2; Part III, colum	nn (b); and any other addition	al information.
Return Reference Explan	ation				

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS: Scholarship recipients complete applications and are chosen by committee based on certain criteria.

TYPE OF GRANT OR ASSISTANCE: Scholarships are awarded to General Electric Credit Union members that are graduating from high school and continuing their

Schedule I (Form 990) 2019

Documentation is maintained on the recipients.

education.

Schedule I, Part I, Line 2:

Schedule I, Part III, Column A:

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49319	2017	900
Schedule J (Form 990)		C	ompensat	ion Information	10	4В No.	1545-0	3047
		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.					2019	
-	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest inform	nation.	pen i		
	al Revenue Service me of the organiza	lation			Employer identifica		ectio Imber	
	neral Electric Credit U							
Pa	Irt I Questi	ons Regarding Compensa	ntion		31-0568628			
	- Quissin	one regulating compense					Yes	No
1a				f the following to or for a person listed by relevant information regarding thes				
		s or charter travel		Housing allowance or residence for I	personal use			
		companions	님	Payments for business use of person				İ
		nification and gross-up payment	ts 📙	Health or social club dues or initiation				İ
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	reur, cher)			
b				follow a written policy regarding payive? If "No," complete Part III to expla		1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Lin	20.122	2	Yes	
	unectors, truste	es, officers, including the CEO/1	Executive Directo	r, regarding the items checked on Lin	e ia:			İ
3	organization's C	EO/Executive Director. Check a	Il that apply. Do	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	,	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,				
		ation committee	✓	Written employment contract				İ
		ent compensation consultant of other organizations	∑	Compensation survey or study Approval by the board or compensa	tion committee			İ
	TOTHI 990	or other organizations	<u> </u>	Approval by the board of compensa	don committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	Ir "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	: 111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.				İ
5	For persons liste			the organization pay or accrue any				
а	The organization	n?				5a		ĺ
b	-	anization?				5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		İ
b	Any related orga	anization?				6b		
	If "Yes," on line	6a or 6b, describe in Part III.						İ
7				the organization provide any nonfixed ort III		7		
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		
9				presumption procedure described in		9		
For I	Danerwork Pedu	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 5	0053T Schedule J	(Forn	990)	2019

Schedule J (Form 990) 2019

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

(A) Name and Title	(A) Name and Title		kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	Compensation in
c		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
iee Additional Data Table								

Schedule J (Form 990) 2019	Page 3						
Part III Supplemental Inform	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						
, ,	COMPENSATION BENEFITS RECEIVED: THE CREDIT UNION HAS POLICIES WHICH ALLOW CERTAIN TRAVEL EXPENSES TO BE PAID BY THE CREDIT UNION WHEN A GUEST ACCOMPANIES AN OFFICIAL OR EMPLOYEE ON CREDIT UNION BUSINESS. THESE EXPENSES ARE TREATED AS TAXABLE INCOME TO THE OFFICIAL OR EMPLOYEE ON WHOSE BEHALF THE EXPENSES ARE PAID.						
	Schedule 1 (Form 990) 2019						

Software ID:

Software Version:

(ii)

Bonus & incentive

(i) Base Compensation

(ii)

EIN: 31-0568628

Name: General Electric Credit Union

(iii)

Other reportable

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Retirement and

(D) Nontaxable

			Bonus & incentive compensation	Other reportable compensation	compensation			prior Form 990
1Timothy D Ballinger President/CEO	(i)	735,316	206,300	6,732	38,187	17,718	1,004,253	0
,	(ii)				0	0	0	0
1Kevin Motley CFO	(i)	244,031	68,857	0	24,073	716	337,677	0
	(ii)				0	0	0	0
2 Ashley Cunningham Bus. Dvlpmnt/Member	(i)	143,598	35,502	3,605	41,662	17,416	241,783	0
Service	(ii)				0	0	0	0
3Matthew Dole Human Resources Director	(i)	177,253	53,414	0	66,208	17,497	314,372	0
Tramair resources birector	(ii)				0	0	0	0
4 Jeffrey Lenzer IT Security Risk	(i)	124,447	35,761	0	12,445	8,393	181,046	0
Management	(ii)				0	0	0	0
5 Jill Lingo Marketing Director	(i)	152,937	41,224	0	37,415	17,722	249,298	0
Harketing Director	(ii)				0	0	0	0
6 Brian Lucas Compliance	(i)	158,871	40,957	0	15,887	17,537	233,252	0
Compliance	(ii)				0	0	0	0
7 Neil Peterson Director of Lending Services	(i)	189,752	48,128	0	76,820	17,718	332,418	0
Director of Echaning Services	(ii)				0	0	0	0
8 Kevin Riede Director of IT	(i)	168,266	43,592	0	71,814	17,768	301,440	0
Director of 11	(ii)				0	0	0	0
9 Melissa Ziegelmeyer Director of Internal Audit	(i)	138,077	37,678	0	9,483	701	185,939	0
Director of Internal Addit	(ii)				0	0	0	0
10Nicholas McEvoy CHIEF DELIVERY OFFICER	(i)	121,500	12,500	0	6,338	17,477	157,815	0
CHIEF DELIVERY OFFICER	(ii)				0	0	0	0
11Sharon Short	(i)	101,470	14,112	0	48,847	17,391	181,820	0
Collection Manager	(ii)					0		0
12Jason Wabrick	(i)	117,236	89,956	0	5,561	17,621	230,374	0
VP OF CONSUMER LOANS	1				li	l	l	

other deferred

compensation

0

(E) Total of columns

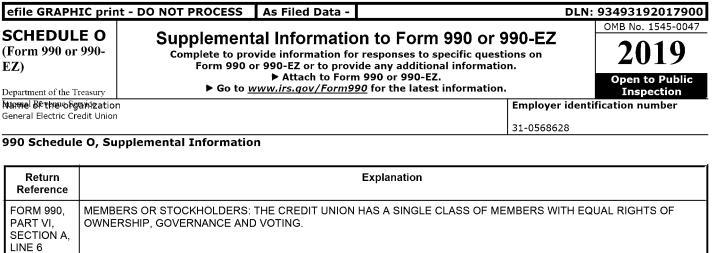
(B)(i)-(D)

benefits

(F) Compensation in

column (B)

reported as deferred on



Return Explanation Reference

FORM 990,	MEMBERS OF THE GOVERNING BODY: THE BOARD OF DIRECTORS IS ELECTED BY A MEMBERSHIP BALLOT VO
PART VI,	TE COUNTED BY A CERTIFIED PUBLIC ACCOUNTING FIRM. THE RESULTS ARE ANNOUNCED AT THE ANNUAL
SECTION A.	MEETING. EACH MEMBER IS ELECTED FOR A THREE YEAR TERM.

LINE 7A:

990 Schedule O, Supplemental Information

Explanation Return Reference

FORM 990. GOVERNANCE DECISIONS RESERVED FOR MEMBERS: CREDIT UNION DECISIONS THAT ARE SUBJECT TO MEMBERSHIP APPROVAL ARE MERGERS AND CHARTER CHANGES

PART VI. SECTION A. LINE 7B:

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990, PROCESS TO REVIEW THE FORM 990: A REVIEW IS CONDUCTED BY THE CFO, PRESIDENT/CEO AND HUMAN RESOURCE DIRECTOR PRIOR TO SUBMISSION TO THE IRS. THE RETURNS ARE MADE AVAILABLE TO THE BO SECTION B, LINE 11B:

Reference	Explanation
FORM 990,	CONFLICT OF INTEREST POLICY: EMPLOYEES AND BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE CON
PART VI,	FLICTS OF INTEREST WHEN THEY OCCUR. IF THERE IS ANY INDICATION THAT ACTIVITIES MAY CAUSE A
SECTION B,	CONFLICT, EMPLOYEES SHOULD CONSULT THEIR IMMEDIATE SUPERVISOR OR CEO. CONFLICTS OF INTERE
LINE 12C:	ST AND RELATED PARTY TRANSACTIONS INVOLVING DIRECTORS AND EXECUTIVE OFFICERS MUST BE REVIE
	WED BY THE SUPERVISORY COMMITTEE OR THE BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A & 15B:	PROCESS FOR DETERMINING COMPENSATION FOR THE CEO AND OTHER OFFICERS: PRESIDENT'S COMPENSAT ION IS DETERMINED BY THE COMPENSATION COMMITTEE COMPRISED OF SELECTED BOARD MEMBERS. ONCE COMPLETED, THE EVALUATION IS SUBMITTED TO THE FULL BOARD FOR APPROVAL. SALARY INCREASES AR E PERFORMANCE BASED AND INCLUDE SALARY SURVEYS. EXECUTIVE LEVEL SALARIES ARE EVALUATED BY THE PRESIDENT AND HUMAN RESOURCES WITH SUGGESTED SALARY INCREASES PRESENTED AND APPROVED BY THE EXECUTIVE COMMITTEE. ALL OTHER EMPLOYEE'S COMPENSATION ARE REVIEWED ANNUALLY ON THEIR ANNIVERSARY DATE. LAST REVIEW WAS IN 2019.

Return Explanation
Reference

FORM 990, GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC: FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUE STAND ALSO POSTED ON THE CREDIT UNION'S WEBSITE AND THROUGH THE DISTRIBUTION OF THE ANNUA SECTION C, L REPORT. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

efile GRAPHIC print - Do	O NOT PROCESS	As Filed Data -										DLN: 93493:	192017	900
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	rm 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 3 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.									37.	19 Public			
Name of the organization General Electric Credit Union									Emp	loyer identif	ication	number		
										568628				
Part I Identification	n of Disregarded E	ntities. Complete if	the orgai	nization ansv	vered "Yes	on Form	1 990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity				Primary a		Legal dom or foreigr	c) icile (state n country)	(d) Total inc	ome	(e) ne End-of-year assets		(f Direct cor enti		
	of Related Tax-Ex npt organizations d	empt Organization uring the tax year.	ıs. Compl	ete if the org	ganization	answered	l "Yes" on l	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more	
Name, address, an	(a) nd EIN of related organizat	ion	Prim	(b) ary activity					(e) Public charity status (if section 501(c)(3))		Di	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled ty?
													Yes	No
For Paperwork Reduction A	ct Notice, see the In	structions for Form C	90			+ No 5013	.EV				Sch	edule P (Form	990) 20	110

(a) Name, address, and EII related organization	N of 1	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomi income(re unrelat excluded tax un sections	inant Share total inconted, from der 512-		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	aging	(k) Percenta <u>c</u> ownershi
					52.	<u> </u>		Yes	No		Yes	No	
												Ш	
Part IV Identification of Related Orgate because it had one or more related orgate.	anizations Taxable as a (ited organizations treated a	Corporation s a corporatic	or Trust n or trus	. Complete t during th	if the o e tax ye	rganization a ar.	nswered "Ye	s" on F	Form 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	dom	gal nicile r foreign	Direct of	(d) controlling ntity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	Share	(g) of end-o year issets	of- Percer owner	ntage	(1:	(i) ction 512 3) control entity? (es No
(1)CUSO Corporation	Mortgage Serv	OI											
10485 Reading Road				GECU		C corp	300,307		131,97	73 100.00	0 %	Y	es
Cincinnati, OH 45241 31-1420019				GECU		C corp	300,307		131,97	73 100.00	0 %		
Cincinnati, OH 45241				GECU		C corp	300,307		131,97	73 100.00	0 %		
Cincinnati, OH 45241				GECU		C corp	300,307		131,97	73 100.00	0 %		
Cincinnati, OH 45241				GECU		C corp	300,307		131,97	73 100.00	0 %		
Cincinnati, OH 45241				GECU		C corp	300,307		131,97	73 100.00	90 %		
Cincinnati, OH 45241				GECU		C corp	300,307		131,97	73 100.00	90 %		

(1)CUSO CORPORATION

(2)CUSO CORPORATION

(3)CUSO CORPORATION

Schedule R (Form 990) 2019		Pa	ige 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part 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	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1 d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f	Yes	
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	

	Dividends from related organization(s)	1 1		
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p		No

i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s) \dots				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			i i i	1n Y	'es
o Sharing of paid employees with related organization(s)				10 Y	'es
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered i	relationships and tra	ensaction thresholds.		
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of determinents					olved
(4) CUICO CORDORATION	I =	225 222	CACH		

Ν

0

225,000

37,127

29,442

CASH

CASH

CASH

Schedule R (Form 990) 2019

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

Part VI 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.

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or 'g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
												П	
				_						Schedul	e R (Form	1990)) 2019

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation							