DLN: 93493171004020

2019

OMB No. 1545-0047

Department of the

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

nterna	l Rever	nue Service									
۹ Fo	or the	2019 c	alendar yea	ır, or tax year begin	ning 01-01-2019 , and endi	ing 12-3	1-2019				
		oplicable:	C Name of or ROBINS FIR	ganization NANCIAL CREDIT UNION				D Employe	r identifi	ication number	
	dress c	-	NODINO 111	WINGENE CREEKE ONION				58-0641	605		
	me cha tial reti	-	Doing busir	ness as							
		/terminated									
□ Am	nended	return			ail is not delivered to street address)	Room/su	ite	E Telephone	number		
□ Ар	plicatio	n pending	803 WATSO	ON BLVD				(800) 24	1-2405		
				n, state or province, cour OBINS, GA 31093	try, and ZIP or foreign postal code	•					
			WARNER	OBINS, GA 51095				G Gross rec	eipts \$ 14	10,287,378	
				nd address of principa	l officer:		H(a) Is this	a group ret	urn for		
			SCOTT KLE 803 WATSO					dinates?		□Yes ☑No	
			WARNER R	OBINS, GA 31093			H(b) Are al includ		es	☐ Yes ☐No	
Tax	x-exem	npt status:	501(c)(3	3) ☑ 501(c) (14) ◄	(insert no.) \square 4947(a)(1) or	□ 527			st. (see	instructions)	
ı W	ebsite	e:▶ HTT	TPS://WWW.	ROBINSFCU.ORG			H(c) Group	exemption	number	>	
(Forn	n of or	ganization:	: Corporat	tion 🗌 Trust 🔲 Asso	ciation 🗹 Other 🕨 CREDIT UNION		L Year of forma	ition: 2016	M State	of legal domicile: GA	
Pa	art I	Sumi									
					· most significant activities: FERS MEMBERS FINANCIAL PRO	ODUCTS :	SUCH AS MOR	TGAGE LOAN	IS, AUTO	O LOANS, VISA	
y					LUDES SAVINGS, CHECKING, M						
Governance	-										
E											
٥	2	Check thi	is box ▶ 🗌	if the organization dis	continued its operations or disp	osed of m	nore than 25%	of its net as	sets.		
									3	9	
Acuviues &	4	Number o	of independe	nt voting members of	the governing body (Part VI, lin	ne 1b) .			4	9	
Š	5	Total num	nber of indivi	iduals employed in cal	endar year 2019 (Part V, line 2a	a)			5	535	
3	6	Total num	nber of volur	nteers (estimate if nec	essary)				6	12	
₹	7a ⁻	Total unre	elated busine	ess revenue from Part	VIII, column (C), line 12				7a	570,693	
	ь	Net unrel	lated busines	ss taxable income fron	n Form 990-T, line 39				7b	0	
							Pric	or Year		Current Year	
Qı .	8	Contribut	ions and gra	nts (Part VIII, line 1h)					0	0	
Ě	9	Program :	service revei	nue (Part VIII, line 2g)				112,551,4	15	124,705,627	
Ravenue	10	Investme	ent income (F	Part VIII, column (A), li	nes 3, 4, and 7d)			13,966,6	26	15,576,105	
ш	11	Other rev	/enue (Part V	/III, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)				0	3,360	
	12	Total reve	enue—add lir	nes 8 through 11 (mu	st equal Part VIII, column (A), lir	ne 12)		126,518,0	41	140,285,092	
	13	Grants ar	nd similar am	nounts paid (Part IX, c	olumn (A), lines 1–3)			398,9	63	433,361	
	14	Benefits p	paid to or for	members (Part IX, co	lumn (A), line 4)				0	0	
\$2	15	Salaries,	other compe	ensation, employee be	nefits (Part IX, column (A), lines	s 5–10)		26,438,2	30,489,920		
Expenses	16a	Professio	nal fundraisi	ng fees (Part IX, colur	nn (A), line 11e)				0	0	
®	b -	Total fundr	raising expense	es (Part IX, column (D), I	ine 25) ▶ 0						
ŭ	17	Other exp	penses (Part	IX, column (A), lines	l1a-11d, 11f-24e)			58,758,3	07	66,899,151	
	18	Total exp	enses. Add li	ines 13–17 (must equ	al Part IX, column (A), line 25)			85,595,487 97,			
	19	Revenue	less expense	es. Subtract line 18 fro	om line 12			40,922,5	54	42,462,660	
& &			•				Beginning	of Current Ye		End of Year	
Net Assets of Fund Balances											
Bal	l			ine 16)		•		2,509,837,1	53	2,738,616,657	
2 2	21	Total liabi	ilities (Part X	(, line 26)				2,066,071,6	39	2,236,194,903	
Zű	22				1 from line 20	•		443,765,5	14	502,421,754	
	rt II		ature Bloc								
					ned this return, including accon Declaration of preparer (other						
	nowle										
		1	Ψ.				202	0.06.17			
- :		Signatu	ure of officer				Date	<u>0-06-17</u> ∋			
Sign Here		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IN ETONE OFN	VOD VOVOEO							
			KLETCKE SEN r print name a								
		17	rint/Type prepa		Preparer's signature	Ιn	ate		TIN		
Paid	4	[''					020-06- 1 7 Che	ck 📙 if Pi	00002534	1	
	ا pare	r Fi	irm's name	► MAULDIN & JENKINS L				-employed n's EIN ▶ 58-0	0692043		
_		i.,									
JSC	Onl	Y F	irm's address i	➤ 200 GALLERIA PKWY SI	STÉ 1700		Pho	ne no. (770) 9	55-8600		
				ATLANTA, GA 3033959	946						
√ay t	he IRS	S discuss	this return v	with the preparer show	n above? (see instructions) .				√ v	'es □No	

Form	990 (2019)				Page 2
Pa	t III Statement	of Program Service Acc	omplishments		
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission:			
<u>TO B</u>	THE FINANCIAL PRO	VIDER OF CHOICE BY DELIVE	RING QUALITY FINANCIAL SERVICES	CONVENIENTLY AND EFFICIEN	TLY.
2	Did the organization	undertake any significant pro-	gram services during the year which v	vere not listed on	
	•	or 990-EZ?			☐ Yes ☑ No
	•	ese new services on Schedule			
3	_		gnificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	•	ese changes on Schedule O.			
4	Section $501(c)(3)$ ar		plishments for each of its three large: required to report the amount of grai ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) /Evnences &	including grants of \$) (Revenue \$)
40	(Code.) (Expenses \$	including grants or \$) (Revenue \$)
4d	· -	ices (Describe in Schedule O.)		(Daviery)	1
	(Expenses \$	including of	rants of \$)	(Revenue \$)

15

16

17

18

19

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Yes

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

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 Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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? If "Yes," complete Schedule D, Part 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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III </i>	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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
	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	
	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 2	11b	Yes	
	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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX "	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	1
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?

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

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

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

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

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

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

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

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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

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

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

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

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

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

orm	990 (2019)			Page 4
Par	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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		
26	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 2	26	Yes	
27	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? <i>If "Yes," complete Schedule L,</i> Part II	27		No
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):			
а	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
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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	Yes	
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
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	Yes	
Pa	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> ;		
1~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59,619		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 59,619 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Yes	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а	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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	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?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	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?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 "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 file Form 8282?	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 Form 1098-C?	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
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		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

orm	990 (2019)			Page 6
Par	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	" respo	onse to l	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 9			
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	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	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	-
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
10	GA Section 6104 requires an experiention to make its Form 1023 (or 1024 A if applicable), 900, and 900 T (F01/a)(2)a			
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.			
10	Own website Another's website Upon request Other (explain in Schedule O)			
19 20	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. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	►SCOTT KLETCKE 803 WATSON BLVD WARNER ROBINS, GA 31093 (800) 241-2405			n (2019)

Part VII

(16) ROBERT L DYAL

(17) CHRIS SLANE

VP OF LENDING & COMMERICAL

VP OF CARDS & PAYMENT SVC

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, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.

organization, more than \$10,000 of reportable co	ompensation fro	m the								
See instructions for the order in which to list the	•									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	t check more to the check more			(D) Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
	0.50	ŧ.	Trustee			nsated				
(1) MARY EDENFIELD-GIBBS BOARD MEMBER		Х						0	0	0
(2) DONALD HANSON BOARD MEMBER	0.50	х						0	0	0
(3) EDWARD C HILLIARD BOARD MEMBER	0.50	X						0	0	0
(4) JAMES KIDD VICE CHAIRMAN	0.50	X		х				0	0	0
(5) DON JARZYNKA BOARD MEMBER	0.50	X						0	0	0
(6) MIKE PARKER BOARD MEMBER	0.50	X						0	0	0
(7) JACKIE CLEGHORN TREASURER	1.00	х		х				0	0	0
(8) JOHN AJONES CHAIRMAN	1.00	X		x				0	0	0
(9) BARRY BROWN SECRETARY	1.00	X		х				0	0	0
(10) JOHN R RHEA PRESIDENT/CEO	40.00			х				707,958	0	53,818
(11) SCOTT A KLETCKE SR VP /CFO	40.00			х				327,642	0	48,577
(12) CHRISTINA M OBRIEN EXECUTIVE VICE PRESIDENT	40.00				x			348,333	0	42,154
(13) ANDREA D COTE SR VP/ CAO	40.00					х		314,331	0	49,392
(14) JOHN D COZART VP OF TECHNOLOGY	40.00					х		216,097	0	41,635
(15) KATHY S SIANIS VP OF BRANCH SRV/OPS	40.00					×		238,085	0	24,746

40.00

40.00

Χ

201,456

165,092

100,655

15,862

0

0

Page **8**

Pai	t VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	, and	High	est Comp	ensat	ed Employees	(conti	nued)	rage o		
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an of tor/t	unles fficer trust		son	(D) Reporta compensa from th organiza (W-2/10	ation ne tion	(E) Reportable compensation from related organizations (W-2/1099-	,	(F) Estimated amount of othe compensation from the organization and			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC		MISC)		relat organiza	ed		
												+				
														_		
						\vdash						+				
c 1	Sub-Total	Part VII, Section					*		2,518,	994		0		376,839		
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					rece	<u> </u>		100,000	<u>~I</u>				
3	Did the organization list any former line 1a? If "Yes," complete Schedule			:ee, k	ey e	mpl	oyee,	or hi	ghest compe	nsated	d employee on		Yes	No		
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of repo	ortable (n the	3	Yes	No		
5	Did any person listed on line 1a recesservices rendered to the organization					,			_	or inc	lividual for	5	103	No		
Se	ection B. Independent Contrac	tors				_						l	•			
1	Complete this table for your five high from the organization. Report compe											npens	ation			
	· · · · · ·	(A) and business addre									(B) cription of services		(C Comper			
	OX 8999									DIT & [CESSO	DEBIT TRANSACTION R	ı	1	,964,090		
SAN FRANCISCO, CA 94128 VISA USA PO BOX 8999				VISA BRAND LICENSING						D LICENSING		1	,900,488			
SAN FRANCISCO, CA 94128 Q2 SOFTWARE PO BOX 205970				ONLINE BANKING SOLUTION							1,823,119					
VISA PO BO	OX 8999									A QUAR TIFICA	TERLY OPERATING TE	ATING 1,595,055				
0SG (SAN FRANCISCO, CA 94128 DSG GROUP HOLDINGS INC STATEMENTS/NOTICES/POSTAGE 1,259,49 100 CHALLENGER RD STE 303							,259,499								
2 7	EFIELD PARK, NJ 07660 Fotal number of independent contracto compensation from the organization ▶		not lim	ited t	o th	ose	listed	abov	/e) who rece	ived m	nore than \$100,00	00 of				
													Form 99	0 (2019)		

Part		Statement	of F	Revenue						Page S
					a respo	nse or note to any	/ 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
0 B	18	Federated campa	aigns	5 . .	1a			revenue		312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.		1b					
وَ وَ	'	c Fundraising even	nts .		1c					
ifts, ar A	'	d Related organiza	tions	5	1d					
£, 6		e Government grants		-	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contribution and similar amounts	ns, g s not	jifts, grants, included	1f					
bat the	١,	above g Noncash contribution	ns in	ıcluded in						
		lines 1a - 1f:\$			1 g					
ರ ಕ		h Total. Add lines	1a-1	f		•				
						Business Code	76,653,875	76,653,875		
a l	2a	INTEREST ON LOANS	,			522100	70,033,873	70,033,873		
Program Service Revenue	b	OTHER OPERATING I	NCO	ME		522100	47,810,036	47,239,343	570,693	
vice R	C	OTHER NON-OPERAT	ING I	INCOME		522100	241,716	241,716		
n Seri	d									
ogran	e									
Ě	f	All other program	serv	rice revenue	e.					
		Total. Add lines 2				124,705,627				
	3	Investment income	(inc	luding divid	dends, ii	nterest, and other	14 /43 435	14,743,435		
		similar amounts) . Income from invest		 nt of tax-exe				14,743,433		
		Royalties			-		•			
				(i) Re	eal	(ii) Personal				
	6a	Gross rents	6a		3,360					
	b	Less: rental	6b		0					
	c	expenses Rental income			0		_			
		or (loss)	6 c		3,360					
	c	Net rental income	or	(i) Secu	· ·	(ii) Other	3,360	3,360		
	7a	Gross amount		.,						
		from sales of assets other than inventory	7a		834,956					
	b	Less: cost or other basis and sales expenses	7b		0	2,28	36			
	С	Gain or (loss)	7c		834,956	-2,28	36			
		Net gain or (loss)					832,670			832,67
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	of line 1c).						
ev.		See Part IV, line 18			8a					
er		Less: direct expen : Net income or (los			8b sing eve	ents	_			
ľ	9a	Gross income from See Part IV, line 19			5. 9a					
	b	Less: direct expen	ses		9b					
	c	: Net income or (los	ss) fr	om gaming	activiti	es >				
	10	Gross sales of inve	entoi	ry, less						
		returns and allowa	ances	s	10a					
		Less: cost of good			10Ь					
	C	Net income or (los Miscellaneo	_		r invent	Business Code				
	11	a								
			_							
	b)								
	_				-					
	C	•								
	c	All other revenue								
		Total. Add lines 1				•				
	12	: Total revenue. S	ee ir	nstructions				100.001.71	P=4 44-	
							140,285,092	138,881,729	570,693	832,67

P	art IX Statement of Functional Expenses				rage 10
	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			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	396,361			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	37,000			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,528,484			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	21,359,000			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,405,382			
9	Other employee benefits	4,571,636			
10	Payroll taxes	1,625,418			
11	Fees for services (non-employees):				
ā	a Management				
ı	Legal	401,081			
(c Accounting	90,352			
	Lobbying				
	e Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,799,030			
12	Advertising and promotion	3,437,632			
	Office expenses	11,508,780			
14	Information technology				
	Royalties				
	Occupancy	3,220,170			
	Travel	397,179			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
	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 DIVIDENDS ON SHARES	17,069,222			
	b MEMBER REWARDS	13,424,051			
	c PROVISION FOR LOAN LOSS	8,024,835			
	d LOAN SERVICING EXPENSE	6,184,777			
	e All other expenses	1,342,042			
25	Total functional expenses. Add lines 1 through 24e	97,822,432			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				Form 990 (2019)

Form 990 (2019)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

27

28

30

31

32

33

ō 29

Assets

24,605,766

184,038,702

22,001,413

1.823.851.320

2,184,460

50,439,789

27,005,974

896.613

2,208,292,316

2.236.194.903

0

0

502.421.754

502,421,754

2,738,616,657

Form 990 (2019)

2,738,616,657

(B)

End of year

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

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities . .

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

complete lines 29 through 33.

Total net assets or fund balances

Investments—publicly traded securities .

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

Accounts payable and accrued expenses .

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

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 .

1	Cash-non-interes

st-bearing

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, 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 Inventories for sale or use . .

Prepaid expenses and deferred charges .

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

10a basis. Complete Part VI of Schedule D

58.040.804 24,913,679

10b

1.677.754.350 1,942,329 33,750,708

581,573,911

51,111,050

22,673,262

786.860

2,042,611,517

2.066.071.639

2,509,837,153

Beginning of year

24,937,665

117,665,106

21,102,034

1

2

3

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13

14

15

16

17

18

19

20

21

22 23

24

25

26

27

28

30

31

32

33

0 29

0

443.765.514

443,765,514

2,509,837,153

10c

11 12

33,127,125 598.368.082

Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . Fund Balances Organizations that follow FASB ASC 958, check here <a> <a> and complete lines 27, 28, 32, and 33.

3a

3h

Nο

Form 990 (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 58-0641605

Name: ROBINS FINANCIAL CREDIT UNION

Form 990 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION IS A STATE-CHARTERED CREDIT UNION THAT OFFERS APPROXIMATELY 214.802 MEMBERS FINANCIAL PRODUCTS SUCH AS MORTGAGE LOANS, AUTO

LOANS, VISA CARDS, AND DEPOSIT PRODUCTS THAT INCLUDE SAVINGS, CHECKING, AND MONEY MARKET ACCOUNTS, AND CERTIFICATES OF DEPOSIT.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171004020

OMB No. 1545-0047

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

2019 Open to Public Inspection

	me of the organization BINS FINANCIAL CREDIT UNION			Employer id	entification	number
KUE	SINS FINANCIAL CREDIT UNION			58-0641605		
Pa	rt I Organizations Maintaining Donor Advis			<u> </u>		
	Complete if the organization answered "Ye		· ·	41.5		
_	Tatal assault as at and afficient	(a) Donor adv	ised funds	(b) Fund	ds and other	accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-	clusive legal control? .				Yes 🗌 No
6	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		rmissible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	s" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organ					
	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historically imp	ortant land a	area
	☐ Protection of natural habitat	́ П	Preservation of a c			
			r reservation or a c	er timed matorie	Structure	
_	Preservation of open space	1.60				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation c	ontribution in the for		ation at the End o	f the Year
а	Total number of conservation easements			2a	at the Life o	i the real
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified historic		-	2c		
d	Number of conservation easements included in (c) acqui	,	· ·	2d		
	structure listed in the National Register	, , ,	L			
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguishe	d, or terminated by t	the organizatio	n during the	
4	Number of states where property subject to conservatio	n easement is located 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds			of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec •	ting, handling of violatio	ens, and enforcing co	onservation eas	ements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, a	nd enforcing conserv	vation easemer	its during the	year
8	Does each conservation easement reported on line 2(d)	above satisfy the requir	ements of section 17	70(h)(4)(B)(i)		
	and section $170(h)(4)(B)(ii)$?				☐ Yes	□ No
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organiza				
Par	Organizations Maintaining Collections Complete if the organization answered "Yes			er Similar A	ssets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educa	tion, or research in f			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ 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 1	cal treasures, or other si	milar assets for finai		ide the	
а	Revenue included on Form 990, Part VIII, line 1			▶\$		
b	Assets included in Form 990, Part X			▶\$		
	Panerwork Reduction Act Notice, see the Instruction	s for Form 990	Cat. No.	52283D Sch	edule D (Fc	rm 990) 2019

d Equipment .

a b		the organization's acq (check all that apply):		, and other records	. check	any of	tha fa	llowing t	hat are a	significant (ice of ite	s collection
b					,	arry Or	the 10	nowing t	illat ale a	sigimicant c	156 01 10	s conection
		Public exhibition			d		Loan	or excha	ange prog	ırams		
_		Scholarly research			е		Othe	r				
С		Preservation for future	e generations									
4	Provid Part X	de a description of the ((III.	organization's coll	ections and explain	how the	y furth	ner the	e organiz	ation's e	xempt purpo	se in	
5		g the year, did the orga s to be sold to raise fur									□ Ye	es 🗌 No
	: IV	Complete if the org X, line 21.	ganization answ	ered "Yes" on For							ınt on I	Form 990, Part
1a		e organization an agent led on Form 990, Part)									□ Ye	es 🗹 No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete the fo	ollowing	table:				Α	mount	
C	Begin	ning balance							1c			
d	Additi	ions during the year .						[1d			
e	Distril	butions during the year	r					. [1e			
f	Endin	g balance						[1f			
2a	Did th	ne organization include	an amount on Foi	m 990, Part X, line	21, for	escrow	or cu	stodial a	ccount lia	ability?	☑ Ye	es 🗆 No
b	If "Ye	s," explain the arrange	ment in Part XIII.	Check here if the e	xplanati	on has	been	provided	d in Part :	XIII	✓	
Par	_	Endowment Fund			<u> </u>							
		Complete if the org	ganization answ							I		
1 a B	Reginni	ing of year balance .		(a) Current year	(b) P	rior yea	ır	(c) Iwo y	ears back	(d) Three yea	ars back	(e) Four years back
	-	outions										
		estment earnings, gair	ns and losses									
		or scholarships	· .									
e 0	Other e	expenditures for facilitie										
f A	dmini	strative expenses .										-
g⊟	nd of	year balance										_
2	Provid	de the estimated percei	ntage of the curre	nt year end balance	(line 1	g, colu	mn (a)) held a	s:	•		
а	Board	d designated or quasi-e	ndowment >									
b	Perma	anent endowment ►										
С	Temp	orarily restricted endov										
	The p	ercentages on lines 2a	, 2b, and 2c shoul	d equal 100%.								
3a	organ	nere endowment funds nization by:	·	sion of the organizat	tion that	are h	eld an	d admini	stered fo	r the		Yes No
	• •	nrelated organizations				•					<u> </u>	a(i)
h		elated organizations . s" on 3a(ii), are the rel			on Scho	· ·	•	• •				a(ii)
ь 4		is" on 3a(II), are the rel Tibe in Part XIII the inte	-				.: •					3b
- Part		Land, Buildings,										
		Complete if the org			rm 990	, Part	IV, li	ne 11a.	See Fo	rm 990, Pa	rt X, lir	ne 10.
	Descri	ption of property	(a) Cost or oth (investmen		or other	basis (d	other)	(c) Acc	umulated o	depreciation	((d) Book value
1-	J					11 7	51.064					11 351 044
	and Luildin						51,964 12,763			14,841,957		11,251,964
	Building easeh	old improvements					95,783			192,824		2,959

12,672,517

1,907,777

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

2,793,619

1,907,777

33,127,125

9,878,898

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (6) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		Investments Other Securities					
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(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2,208,292,316 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(1) rederant	ncome taxes					
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2.208,292,316 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(5)						
(8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2,208,292,316 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(6)						
(9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2,208,292,316 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(7)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) 2,208,292,316 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(8)						
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)						
			G the Gentlement of the	!	bianta financia () ()		

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 XIIII 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 Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 58-0641605

Name: ROBINS FINANCIAL CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	ROBINS FINANCIAL CREDIT UNION SERVICES MORTGAGE LOANS SOLD TO FHLB AND FNMA. THE ORGANIZAT ION COLLECTS PRINCIPAL AND INTEREST PAYMENTS ON BEHALF OF FHLB AND FNMA AND REMITS SUCH AM OUNTS TO THE THESE LENDERS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493171004020

Open to Public Inspection

lame of the organization	ON					Employer identifi	cation number
ROBINS FINANCIAL CREDIT UNI	ON					58-0641605	
Part I General Inform	nation on Grants	and Assistance					
Does the organization mai the selection criteria used						ce, and	☑ Yes ☐ No
2 Describe in Part IV the org		_	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if add	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization 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	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of sect		-					23
3 Enter total number of othe							
or Paperwork Reduction Act Notice	ce, see the Instructio	ns for Form 990.		Cat No. 5005	5P	Sci	hedule I (Form 990) 2019

(a) Type of grant or assistance	(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) COLLEGE SCHOLARSHIPS	32	37,000			
)					
)					
Part IV Supplemental Informa	tion. Provide the informa	tion required in Part I,	line 2; Part III, colum	nn (b); and any other additiona	al information.

Return Reference

THE CREDIT UNION MAINTAINS WRITTEN POLICIES AND PROCEDURES REGARDING THE APPROVAL AND DISTRIBUTION OF DONATIONS TO ORGANIZATIONS. THESE PART I, LINE 2: DETAIL ALL REQUIREMENTS FOR THE FUNDS AS WELL AS HOW THE FUNDS ARE TO BE DISTRIBUTED AND USED.

Additional Data

804 PARK DRIVE

AMERICAN HEART

ASSOCIATION INC 5962 ZEBULON RD

MACON, GA 31210

WARNER ROBINS, GA 31088

Software ID: Software Version:

EIN: 58-0641605

Name: ROBINS FINANCIAL CREDIT UNION

35,000

5,000

) Method of valuation book, FMV, appraisal,

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic G
(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) (bo

21ST CENTURY PARTNERSHIP 58-2086757 501(C)(3)

13-5613797

Governments.

501(C)(3)

other)

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

SUPPORT 21ST CENTURY

PARTNERSHIP'S MISSION

SUPPORT THE AMERICAN HEART

MISSION

ASSOCIATION'S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

IFVENT

CAFE CENTRAL INC 500 UNDERWOOD RD MILLEGEVILLE, GA 31061	32-0449433	501(C)(3)	11,000		SUPPORT CAFE CENTRAL

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

ROBIN

202 N DAVIS DR PMB 717 WARNER ROBINS, GA 31095

CITY OF WARNER ROBINS 58-6000693 CITY OF WARNER 10.000 ISUPPORT THE JULY 4TH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government GENESIS JOY HOUSE 27-4421438 501(C)(3) 10.000 SUPPORT GENESIS JOY

PO BOX 6425 WARNER ROBINS, GA 31095	2, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		25,555		HOUSE
GREATER MACON CHAMBER OF COMMERCE INC PO BOX 169 MACON	58-0333200	501(C)(6)	5,000		SUPPORT THE MACON CHAMBER OF COMMERCE

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

MACON, GA 31202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

INC 103 WESTRIDGE AVE WARNER ROBINS, GA 31088	58-1602135	501(C)(3)	5,000		OF GEORGIA HOSPICE

COUNTY HABITAT FOR

HUMANITY

HOUSTON COUNTY HABITAT 58-1934945 501(C)(3) 10.000 SUPPORT THE MISSION FOR HUMANITY OF THE HOUSTON

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

PO BOX 7506

WARNER ROBINS, GA 31095

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 58-1648127 501(C)(3) 7.500 SUPPORT THE EXEMPT MACON GEORGIA CHERRY BLOSSOM FESTIVAL INC PURPOSE OF THE LORGANIZATION

CRIMESTOPPERS

794 CHERRY ST MACON, GA 31201 58-2549830 501(C)(3) 5.000 SUPPORT THE MACON MACON REGIONAL CRIME REGIONAL

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

STOPPERS INC 2760 ROFF AVENUE

MACON, GA 31204

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MACON VOLUNTEER MEDICAL CLINIC 376 ROGERS AVENUE MACON, GA 31204	76-3055376	501(C)(3)	5,000		SUPPORT THE MACON VOLUNTEER MEDICAL CLINIC'S MISSION
MAKE-A-WISH FOUNDATION OF GEORGIA INC	58-2146828	501(C)(3)	60,000		SUPPORT MAKE-A-WISH FOUNDATION'S

MISSION 1775 THE EXCHANGE SE STE 200 ATLANTA, GA 30339

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

organization or government if applicable grant cash assistance or government (book, FMV, appraisal, other) non-cash assistance or assistance or assistance Support MIDDLE

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

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

(c) IRC section

(a) Name and address of

WARNER ROBINS, GA 31099

(b) EIN

UNIVERSITY 100 UNIVERSITY PARKWAY A-217 MACON, GA 31206					GEORGIA STATE UNIVERSITY'S MISSION
MUSEUM OF AVIATION AT ROBINS AIR FORCE BASE GEORGIA FOUNDATION INC P O BOX 2469 WARNER ROBINS	58-1751656	501(C)(3)	16,350		SUPPORT THE MUSEUM OF AVIATION FOUNDATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE

IMACON

NAVICENT HEALTH	23-7363555	501(C)(3)	17,978		SUPPORT THE
FOUNDATION					CHILDREN'S HOSPITAL
777 HEMLOCK STREET					
MACON, GA 31201					

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

555 POPLAR ST

MACON, GA 31201

NEW TOWN MACON INC. 58-2273893 501(C)(3) 10.000 SUPPORT NEWTOWN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 58-0656401 501(C)(6) 5.000 SUPPORT PERRY PERRY AREA CHAMBER OF CHAMBER OF

COMMERCE 900 CARROLL ST LCOMMERCE. PERRY.GA 31069

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

WARNER ROBINS, GA 31095

REBUILDING TOGETHER 58-2282663 501(C)(3) 5.000 SUPPORT THE EXEMPT WARNER ROBBINS INC. PURPOSE OF PO BOX 8664 REBUILDING TOGETHER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 27-1850386 501(C)(3) 5.200 REHOBOTH DENTAL CLINIC SUPPORT REHOBOTH DENTAL CLINIC

3208 US-41 N BYRON, GA 31008 RESCUE MISSION OF MIDDLE 58-6011446 501(C)(3) 20,000

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

MACON, GA 31210

SUPPORT THE RESCUE GEORGIA IMISSION OF MIDDLE 774 HAZEL STREET IGEORGIA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 58-0676713 501(C)(6) 7.500l ROBINS REGIONAL CHAMBER SUPPORT THE ROBINS

SUPPORT RONALD

IMCDONALD HOUSE

OF COMMERCE TREGIONAL CHAMBER 1228 WATSON BLVD WARNER ROBINS, GA 31093

35.000l

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

RONALD MCDONALD HOUSE 58-2473799 501(C)(3) 1160 FORSYTH ST

MACON, GA 31201

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE COTTAGE

THE COTTAGE 3019 LEXINGTON RD	58-1959174	501(C)(3)	5,500		SUPPORT T
ATHENS, GA 30605					

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

410 ACADEMY AVE DUBLIN, GA 31021

THE JOY CLINIC INC 45-5245608 501(C)(3) 7.000 ISUPPORT JOY CLINIC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

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

501(C)(3)

58-0639811

TWIN CEDARS GEORGIA INDUSTRIAL CHILDREN'S HOME	58-1413499	501(C)(3)	10,000		SUPPORT GEORGIA INDUSTRIAL CHILDREN'S HOME
4690 N MUMFORD RD					
MACON, GA 31210					

SUPPORT UNITED WAY

MISSION

OF CENTRAL GEORGIA'S

27,834

UNITED WAY OF CENTRAL

MACON, GA 312021302

GEORGIA

PO BOX 1302

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 93	49317	1004	020
Sch	nedule J	Co	OI	ИВ No.	1545-0	0047		
(For	m 990)	For certain Office	hest					
		Complete if the org		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	20)] ()
D			► Attach	h to Form 990. r instructions and the latest infori) Dpen (
-	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	101	mistractions and the latest miori		Insp	ectio	n
	me of the organiza BINS FINANCIAL CRE				Employer identifica	tion nu	ımber	
					58-0641605			
Pa	rt I Questi	ons Regarding Compensa	tion					
1 a				of the following to or for a person liste ny relevant information regarding the			Yes	No_
	✓ First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions		Payments for business use of perso	•			
	✓ Tax idemr	nification and gross-up payment	s 🔽	Health or social club dues or initiati	on fees			
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding payove? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	es, officers, including the CEO/E	executive Directo	or, regarding the items checked on Lin	ne la?			
3	organization's C	EO/Executive Director. Check al	I that apply. Do	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	<u> </u>	Approval by the board or compensa	ation committee			
4	During the year, related organiza		990, Part VII <i>,</i> Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b		r receive payment from, a suppl				4b	Yes	
c	•			nsation arrangement?		4c		No
_), 501(c)(4), and 501(c)(29)	=	-				
5		ed on Form 990, Part VII, Section Ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	n?				5a		
b						5b		
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		
b						6b		
7	•	6a or 6b, describe in Part III.	اداد عدما ا مر	the organization provide any nonfixe	d			
7	payments not de	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixe art III	u 	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," d		8		
9				presumption procedure described in		9		
For F	Paperwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule J	(Forn	1990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Instructions, on row (II). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The sain of columns (E								- Individuali	
(A) Name and Title		(B) Breakdown (i) Base compensation	n of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive (iii) Other compensation reportable		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior	
		30mpensation	compensation	compensation	· 			Form 990	
1 JOHN R RHEA PRESIDENT/CEO	(i)	567,382	56,738	83,838	34,500	19,318	761,776	0	
	(ii)	0	0	0	0	0	0	0	
2 SCOTT A KLETCKE SR VP /CFO	(i)	220,522	21,501	85,619	34,500	14,077	376,219	0	
	(ii)	0	0	0	0	0	0	0	
3 CHRISTINA M OBRIEN EXECUTIVE VICE PRESIDENT	(i)	261,622	26,162	60,549	28,500	13,654	390,487	0	
	(ii)	0	0	0	0	0	0	0	
4 ANDREA D COTE SR VP/ CAO	(i)	214,781	21,478	78,072	34,500	14,892	363,723	0	
	(ii)	0	0	0	0	0	0	0	
5 JOHN D COZART VP OF TECHNOLOGY	(i)	161,075	16,108	38,914	28,500	13,135	257,732	0	
	(ii)	0	0	0	0	0	0	0	
6 KATHY S SIANIS VP OF BRANCH SRV/OPS	(i)	180,814	0	57,271	16,662	8,084	262,831	0	
·	(ii)	0	0	0	0	0	0	0	
7 ROBERT L DYAL VP OF LENDING &	(i)	175,781	17,139	8,536	93,964	6,691	302,111	0	
COMMERICAL	(ii)	0	0	0	0	0	0	0	
8 CHRIS SLANE VP OF CARDS & PAYMENT	(i)	145,000	14,138	5,954	7,959	7,903	180,954	0	
SVC	(ii)	0	0	0	0	0	0	0	
							Schedule	J (Form 990) 2019	

Schedule J (Form 990) 2019	Page 3							
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							
	THE BOARD OF DIRECTORS APPROVES THE CEO SALARY UTILIZING HRN PERFORMANCE SOLUTIONS COMPENSATION SYSTEM WHICH USES MULTIPLE NATIONAL SALARY SURVEYS TO SET SALARY RANGES. THE SAME COMPENSATION SYSTEM IS USED FOR OTHER MANAGEMENT SALARIES. THE SALARY RANGES ARE UPDATED ANNUALLY.							
PART I, LINE 4B	457F PLAN PARTICIPANTS ROBERT DYAL \$ 74,251.32							

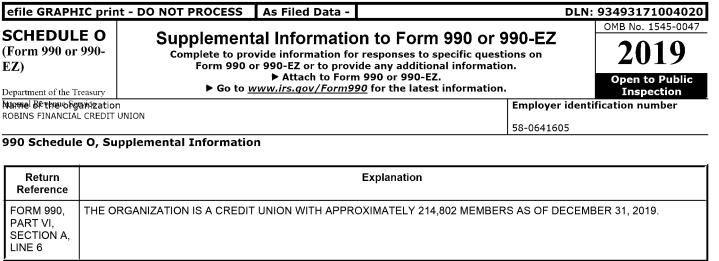
Schedule 1 (Form 990) 2019

efile GRAPH	IC print - DO	NOT PROCESS	As Filed	Data -				DLN	l: 934	19317	1004020				
Schedule L (Form 990 or 99	^ E-Z\	plete if the organiz	ation answ	ered "Yes	" on Form 99		s 25a, 2	5b, 26,		OMB No. 1545-0047					
		27, 28a, 28t	o, or 28c, o ▶ Attach to	r Form 99 Form 990	0-EZ, Part V,) or Form 990	line 38a or 40l)-EZ.	o.			4 U.	19_				
Department of the Tr Internal Revenue Ser	vice	►Go to <u>www.irs.go</u>	ov/Form99	<u>10</u> for instr	uctions and t	he latest infor	mation.			pen to Inspe	Public ction				
Name of the or-							Employ	er iden	tificat	ion nur	nber				
						==	58-0641								
		'ransactions (secti nization answered "Ye													
	a) Name of disq			tionship be	tween disquali	fied person and	(c) D	escriptio	n of	_ ` _	Corrected?				
				0	rganization		tra	nsaction	1	Yes	No				
2 Enter the a	amount of tax ir	ncurred by the organiz		gers or disc	qualified persor	ns during the ye	ar under:	section							
	amount of tax, i	f any, on line 2, abov			rganization .			> \$							
Part II Lo	ans to and/	or From Interest	ed Persor	ıs.											
Co	mplete if the or	ganization answered nt on Form 990, Part	"Yes" on Fo	m 990-EZ,	Part V, line 38	a, or Form 990,	Part IV,	ine 26;	or if th	ne orgar	ization				
(a) Name of interested person	(b) Relations with organizat	hip (c) Purpose of	(d) Loan	to or from nization?	(e) Original principal amount	(f) Balance due	default? Appro		(i) Written ved by rd or nittee?						
			То	From			Yes No		No	Yes	No				
(1) SCOTT KLETCKE	OFFICER OF ORGANIZATION	SPLIT DOLLAR N LIFE INSURANCE ARRANGEMENT		Х	1,750,000	1,817,630	No	Yes		Yes					
(2) ANDREA COTE	HIGHLY COMPE EMPLOYEE			X	1,400,000	1,454,704	No	Yes		Yes					
(3) CHRISTINA O'BRIEN	KEY EMPLOYEE	SPLIT DOLLAR LIFE INSURANCE ARRANGEMENT		Х	1,050,000	1,091,778	No	Yes		Yes					
(4) JOHN COZART	HIGHLY COMPE EMPLOYEE	SPLIT DOLLAR LIFE INSURANCE ARRANGEMENT		Х	620,000	632,836	No	Yes		Yes					
(5) JOHN RHEA	OFFICER OF ORGANIZATION	SPLIT DOLLAR N LIFE INSURANCE ARRANGEMENT		Х	16,315,453	17,004,465	No	Yes		Yes					
						22 204 442									
lotal Part IIII Gr	ants or Assis	tance Benefiting	Intereste		<u>} </u>	22,001,413									
		organization answe						,							
(a) Name of inte	erested person	(b) Relationship bet interested person ar organization) Amount o	of assistance	(d) Type of a	assistance	• (•	e) Purp	oose of a	assistance				
ior Danorwark Do	duction Act Noti	ce, see the Instruction	s for Form 0	90 or 990-E	7 Cat	. No. 50056A	C.I.		· · · · · · · · · · · · · · · · · · ·	000 0	90-F7) 201				

Explanation

Return Reference

Schedule I. (Form 990 or 990-F7) 2019



Return Explanation
Reference

FORM 990,	BOARD MEMBERS ARE REPLACED BY THE BOARD NOMINATING COMMITTEE AND APPROVED BY A VOTE OF THE
PART VI,	ORGANIZTION'S MEMBERSHIP.
SECTION A,	
LINE 7A	

Return Explanation

FORM 990, AT ANY MEETING THE MEMBERS (BY ONE MEMBER, ONE VOTE) MAY DECIDE ON ANY MATTER OF INTEREST TO THE CREDIT UNION AND MAY OVERRULE THE BOD PROVIDED THE NOTICE OF THE MEETING SPECIFIES SECTION A, LINE 7B

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Explanation
Reference

FORM 990,	ANNUALLY, BOARD MEMBERS SIGN AN OATH THAT THEY DILIGENTLY AND HONESTLY ADMINISTER THE AFFA
PART VI,	IRS OF THIS CREDIT UNION, AND WILL NOT KNOWINGLY VIOLATE OR WILLINGLY PERMIT TO BE VIOLATE
SECTION B,	D ANY OF THE PROVISIONS OF LAW APPLICABLE TO THIS CREDIT UNION OR ANY OF THE BYLAWS THEREO
LINE 12C	F. IN ADDITION, EACH DIRECTOR SIGNS A CONFIDENTIAL REPORT WHICH IS SUBMITTED TO THE DEPART
	MENT OF BANKING AND FINANCE AND HAS TO DISCLOSE ANY BUSINESS AFFILATIONS OF WHICH THEY ARE
	A PRESENT DIRECTOR, OFFICER, EMPLOYEE, PARTNER, OR OWNER.

Return Explanation
Reference

FORM 990,	THE BOARD OF DIRECTORS APPROVES THE CEO SALARY UTILIZING HRN PERFORMANCE SOLUTIONS COMPENS
PART VI,	ATION SYSTEM WHICH USES MULTIPLE NATIONAL SALARY SURVEYS TO SET SALARY RANGES. THE SAME CO
SECTION B,	MPENSATION SYSTEM IS USED FOR OTHER MANAGEMENT SALARIES. THE SALARY RANGES ARE UPDATED ANN
LINE 15	UALLY.

Return Explanation

FORM 990, ORGANIZATION'S DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILA PART VI, BLE UPON REQUEST. A NOTICE IS POSTED IN ALL 22 BRANCHES THAT FINANCIAL STATEMENTS ARE AVAILA SECTION C, LABLE UPON REQUEST BY CONTACTING ROBINS FINANCIAL CREDIT UNION ACCOUNTING DEPARTMENT.

990 Schedule O, Supplemental Information

Return

LINE 2C

Reference	
FORM 990	THERE HAS BEEN NO CHANGE IN THE ORGANIZATION'S SELECTION PROCESS, NOR FINANCIAL STATEMENT AUDIT
PART XII	OVERSIGHT PROCESS.

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

ROBINS FINANCIAL CREDIT UNION

Part I

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2019

Employer identification number

58-0641605

DLN: 93493171004020 OMB No. 1545-0047

> **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b) (c) (d) (e) Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets or foreign country) entity (1) OLUTION OURCE LLC CREDIT UNION SERVICE 1,127 1,996,947 RFCU GA 803 WATSON BLVD ORGANIZATION WARNER ROBINS, GA 310933415 58-2573600 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organization.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt 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 orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1 d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		
q Reimbursement paid by related organization(s) for expenses				1 q		
r Other transfer of cash or property to related organization(s)				1r		
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered	relationships and tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	volved	
						_

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

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