efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493231013090 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 D Employer identification number B Check if applicable Credit Union 1 □ Address change 92-0021481 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1941 Abbott Road ☐ Amended return ☐ Application pending (907) 339-9485 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 153,285,320 F Name and address of principal officer H(a) Is this a group return for James Wileman ☐Yes **☑**No subordinates? 1941 Abbott Road H(b) Are all subordinates Anchorage, AK 99507 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (14) **◄** (insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www cu1 ord L Year of formation 1982 M State of legal domicile AK **K** Form of organization lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other Summary 1 Briefly describe the organization's mission or most significant activities HELP MEMBERS ACHIEVE THEIR FINANCIAL GOALS BY FOCUSING ON EXCELLENT SERVICE AND VALUE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 501 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 583,471 **b** Net unrelated business taxable income from Form 990-T, line 39 -348,145 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 14,487,182 58,099,412 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,209,184 5,087,974 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,583,037 5,424,147 17,279,403 68,611,533 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 17,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 7,501,243 30,448,132 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 6,710,123 28,128,826 58,593,958 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 14,211,366 10,017,575 Revenue less expenses Subtract line 18 from line 12 . 3,068,037 Net Assets or Fund Balances Beginning of Current Year End of Year 1,052,284,549 1,090,013,655 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 922,598,779 948,990,049 22 Net assets or fund balances Subtract line 21 from line 20 . 129,685,770 141,023,606 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-08-18 Signature of officer Sign Here James Wileman President & CEO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	rt III Statement	of Program Service Acc	omplishments		_
	Check if Sche	edule O contains a response or	note to any line in this Part III		\square
1	Briefly describe the	organization's mission			
HELP	MEMBERS ACHIEVE 1	THEIR FINANCIAL GOALS BY FO	CUSING ON EXCELLENT SERVICE AN	ID VALUE	
2	-		ram services during the year which v	vere not listed on	
	the prior Form 990 o	or 990-EZ?			☐ Yes ☑ No
	•	ese new services on Schedule (
3	Did the organization	cease conducting, or make sig	nificant changes in how it conducts, a	any program	
	services?				🗌 Yes 🗹 No
	If "Yes," describe the	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 \$)
40					
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	1				
	-				
	-				
4d	Other program servi	ices (Describe in Schedule O)			
TU	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program ser		0	· · · · · · · · · · · · · · · · · · ·	<u>, </u>
<u></u>					Form 990 (2019)

No

Nο

13

14a

20b

21

No

Nο

No

Nο

Nο

Nο

Nο

Nο

No

Nο

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Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 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 98-197 If "Yes," complete Schedule C, Part III . . . 5

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

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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

No 6 No 7 8 Nο 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11b

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d

No Nο e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Yes

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 Nο

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

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 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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

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

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

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

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18

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

19

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

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

m 9	990 (2019)			Page
art	Checklist of Required Schedules (continued)			
	D. I. I		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
)	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		
ı	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? <i>If "Yes," complete Schedule L, Part I</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	26		No
	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	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
•	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? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 If "Yes," complete Schedule R, Part I	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
1	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
art	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		Yes	N

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

1b

Yes

1c

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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			
	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?	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	3 b	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 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No
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 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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	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 services provided to the payor?	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 file Form 8282?	7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
	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?	9 b		
10	Section 501(c)(7) organizations. Enter			
	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			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44.		NI -
	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 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b		
	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 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schei			" resp	onse to	lines	
	Check if Schedule O contains a response or note to any line in this Part VI					✓	
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	1a	6				
	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	6				
2	Did any officer, director, trustee, or key employee have a family relationship or a busing officer, director, trustee, or key employee?			2	Yes		
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			3		No	
_				-			

b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_	∍.)	No
Se		_	e.) Yes	No No
		_		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990	10a 10b	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in	10a 10b 11a 12a	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes Yes	

	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	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			

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 Chad Bostick CFO 1941 Abbott Road Anchorage, AK 99507 (907) 339-8204 20 Form **990** (2019)

(15) PATRICK BERRY

(16) TERRI COLSON

VP OF E-SERVICES

VP CHIEF AUDIT EXECUTIVE

SENIOR PROJECT MANAGER

(17) TYLER HASBROUCK

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Part VII

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received in the canacity as a former director or trustee of the

 List all of the organization's former di organization, more than \$10,000 of reporte 										=	
See instructions for the order in which to li	st the persons abo	ove									
Check this box if neither the organizat	on nor any relate	d organ	ızatıo	n co	mpe	ensate	ed ar	y current officer, d	rector, or trustee		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)		ne bo	x, u n off	che inles icer ruste	s pers	son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) ANDRE HORTON	1 0										
DIRECTOR	••••••	×						0	0	0	
(2) COLIN BAXTER	1 0	×						0	0	0	
CHAIRMAN		_ ^						0	0		
(3) JENNIFER BERNARD	1 0	×						0	0	0	
TREASURER		^						0	0		
(4) JOE TOWSLEE	1 0	×						0	0	0	
DIRECTOR		^						•	0		
(5) MARIETTA ED HALL	1 0	×						0	0	0	
SECRETARY		^						0			
(6) STEVEN CAVIN	1 0	×						0	0	0	
VICE CHAIR		_ ^						0			
(7) CHARLES BOSTICK	40 0			x				224.220	0	22.001	
CHIEF FINANCIAL OFFICER								234,230	0	32,981	
(8) CHRISTINE BELL	40 0			×				200 140	0	10 420	
CHIEF CULTURE OFFICER				L^				289,148	0	18,429	
(9) DAVINA R SIMMONS-NAPIER	40 0			×				428,263	0	79,778	
CHIEF LENDING OFFICER				Ĺ				720,203		79,776	
	1 400		1		1	1	i	ı	1	i	

40.0 (10) JAMES WILEMAN Χ 486,111 0 111,792 PRESIDENT/CEO 40 0 (11) MARK BURGESS Х 221.577 Ω 11,015 CHIEF TECHNOLOGY OFFICER 40.0 (12) RACHEL LANGTRY Х 236,700 67,042 CHIEF OPERATING OFFICER 40 0 (13) DEBBIE CASEY Х 306,511 0 109,092 SVP OF MEMBER ASSISTANCE 40 0 (14) ERIC BENDER 145,610 0 47,608 ENTERPRISE SYSTEMS MANAGER 40 0

Х

Х

40 0

40 0

210.102

140,970

143.401

73.387

55,406

32,762

0

0

Name and title	Average hours per week (list any hours for related organizations below dotted line)	ne bo	ox, u in of tor/t	inles ficer rust	s pers and a	s Forme	Reportable compensation from the organization (W-2/1099- MISC)	Reportable compensation from related organizations (W-Z/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					ę.				

1b Sub-Total			>		

1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII, Section	Α		▶[
d Total (add lines 1b and 1c)				▶	2,842,623	

d.	Total (add lines 1b and 1c) 2,842,623	0		639,292
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 30			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	marviadar	4	Yes	

-	Total (add lines 1b and 1c) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			000,202
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 30			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	

	interface in the second field and interface in the second field in	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensa	ition	

4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such									
	ındıvıdual	4	Yes							
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person										
Se	Section B. Independent Contractors									

	services rendered to the organization /If "Yes," complete Schedule J for such person									
Se	Section B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.									
	(A)			(B)		(C)			

Se	Section B. Independent Contractors										
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year										
	(A) Name and business address	(B) Description of services	(C) Compensation								

Name and business address	Description of services	Compensation

Form **990** (2019)

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

compensation from the organization ▶ 0

Part	VII									
		Check If Scheo	dule	O contains a	respo	nse or note to any	Ine 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
s	1	a Federated campa	aigns		1a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b					
G E		c Fundraising even	nts .	. [1c					
ifts, ar A		d Related organiza		L	1d					
s, 6 m:		e Government grants	,	· L	1e					
ion r Si		f All other contribution and similar amount			1f					
ibu Xthe		above g Noncash contribution	ons in	cluded in	ĺ					
ontr od O		lines 1a - 1f \$			1 g					
<u>ۃ ت</u>		h Total. Add lines	1a-1	f	• •	•	0			
	_	INTERECT FROM LOA	NC			Business Code	39,353,958			39,353,958
<u>ı</u>	28	a INTEREST FROM LOA	NIV5							55,552,555
Ne ne	Ŀ	SERVICING FEES					18,128,321		121,908	18,006,413
Program Service Revenue		ORIGINATION FEES					617,133			617,133
2										
3,	c	d								
gran	e									
ě	Ì						0	0	0	0
	f	f All other program	serv	ice revenue						
		Total. Add lines 2				58,099,412	1	1	Ι	
	!	Investment income similar amounts) .	•			•	4,795,37	2 4,795,372		
		Income from invest			npt bo					
	3	Royalties		(ı) Rea		(II) Personal	1			
	۵.	a Gross rents	6a				1			
	-	Less rental	Oa				+			
		expenses	6b				1			
	С	Rental income or (loss)	6 c		0	()			
	•	d Net rental income	e or (
	7a Gross amount		(II) Other	-						
	7 6	from sales of assets other	7a	84,2	85,565	680,824	.			
		than inventory					-			
	Ь	Less cost or other basis and sales expenses	7b	84,0	11,889	661,898	3			
		·	-				1			
		Gain or (loss) d Net gain or (loss)	7c		73,676	18,926	292,60	2		292,602
a.		a Gross income from fu		ısıng events						·
an u		(not including \$ contributions reporte								
leve		See Part IV, line 18			8a					
er F		b Less direct expen c Net income or (los			8b	inte .	J			
Other Revenue		e reconnectine or (los	33) 11	om ranaraisi		ents b	1			
	9a	Gross income from See Part IV, line 19			9a					
	ı	b Less direct expen			9b		1			
	•	c Net income or (los	ss) fr	om gaming a	ctivitie	es · · •				
	10	aGross sales of inve	entor	rv. less						
		returns and allowa	ances	5	10a]			
		b Less cost of good			10 b]			
	•	C Net income or (los Miscellaneo			nvento	Business Code	I			
	11	1aCREDIT LIFE & D					2,174,00	5 2,174,005		
	ı	b GAP FEES					1,259,29	1,259,291		
	•	c MISC					1,289,91	5 1,289,915		
		d All other revenue					700,93	6 0	461,563	239,373
		a All other revenue e Total. Add lines 1				•			701,303	239,373
		2 Total revenue. S					5,424,14			
							68,611,53	3 9,518,583	583,471	58,509,479 Form 990 (2019)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns	All other organizatio	ns must complete co	lumn (A)
Check if Schedule O contains a response or note to an		_		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	17,000			
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	2,186,340	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	21,151,832			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,557,224			
9 Other employee benefits	3,714,577			
10 Payroll taxes	1,838,159			
11 Fees for services (non-employees)				
a Management				
b Legal	85,014			
c Accounting	186,328			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	905,913	0	0	0
- ' ' ' - ' - ' - ' - ' - ' - ' - ' - '	1,267,406			
12 Advertising and promotion	·			
13 Office expenses	7,212,618			
14 Information technology	3,229,405			
15 Royalties				
16 Occupancy	2,398,066			
17 Travel	407,691			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	312,718			
20 Interest	3,645,044			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,673,169			
23 Insurance	295,932			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a LOAN LOSS	2,361,121			
b LOAN SERVICING	2,073,970			
c OTHER EXPENSE	925,673			
d POSTAGE AND SHIPPING	148,758			
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	58,593,958	0	0	0
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)

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 11,328,751

51,499,841

821.736.054

1,970,396

34,121,396

127.178.135

42,179,082

1,090,013,655

931,281,768

3,257,631

14.450.650

948.990.049

141.023.606

141,023,606

1,090,013,655

Form 990 (2019)

(B)

End of year

Page **11**

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

Accounts receivable, net

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

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

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

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

or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

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

Organizations that follow FASB ASC 958, check here <a> <a> and

Investments—program-related See Part IV, line 11

basis Complete Part VI of Schedule D

est-bearing Savings and temporary cash investments .

Pledges and grants receivable, net . . .

10a

10b

Loans and other 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 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

66,282,994

32,161,598

Beginning of year

8,431,010

103,461,256

768.504.764

2,040,653

34,497,107

96.240.101

39.109.658

1,052,284,549

904.494.557

3,137,183

14,967,039

922.598.779

129.685.770

129,685,770

1,052,284,549

1

2

3

4

6

7

9

10c

11

12 0 13

14

15

16

17

18

19

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21

22 23

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25

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30

31

32

33

0 5

3a

3b

No

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 Version: 2019v5.0 **EIN:** 92-0021481

Name: Credit Union 1

Software ID: 19010655

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE SERVICES TO ELIGIBLE MEMBERS

SCHEDULE D

DLN: 93493231013090

OMB No 1545-0047

2019

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.

D

(Form 990)

•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Forn</u>	► Attach to Form 9 1990 for instruction		ormatio	n.		to Public pection
Na	me of the organ	ization			Emp	loyer identi		
Cre	dit Union 1				92-0	021481		
Pa		zations Maintaining Donor Advi			or Acc	ounts.		
	Complet	te if the organization answered "Ye			1	/h\	و برماند اد	
ı	Total number at	end of year	(a) Donor	advised funds		(b) Funds ar	id other ac	ccounts
,		of contributions to (during year)						
- 3		of grants from (during year)						
ļ	Aggregate value							
5		ation inform all donors and donor adviso roperty, subject to the organization's ex			dvised f	unds are the		Yes 🗌 No
5		ation inform all grantees, donors, and do ses and not for the benefit of the donor						Yes 🗌 No
Pa		vation Easements. te if the organization answered "Ye	s" on Form 990, P	art IV, line 7.				
L	Purpose(s) of co	enservation easements held by the organ	nization (check all th	at apply)				
	Preservation	on of land for public use (e g , recreation	n or education)	Preservation of a	n histori	cally importa	nt land are	ea
	Protection	of natural habitat		Preservation of a	certified	l historic stru	ıcture	
	Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year	qualified conservatio	n contribution in the fo	orm of a	conservation		the Year
а	Total number of	conservation easements			2a			
b	Total acreage re	stricted by conservation easements			2b			
С	Number of conse	ervation easements on a certified histori	c structure included i	ın (a)	2c			
d		ervation easements included in (c) acqui n the National Register	ired after 7/25/06, ai	nd not on a historic	2d			
3	Number of constax year ►	ervation easements modified, transferre 	ed, released, extingui	shed, or terminated by	y the org	anızatıon du	ring the	
1	Number of state	s where property subject to conservation	n easement is locate	ed ▶		_		
5		zation have a written policy regarding thit of the conservation easements it holds		g, ınspection, handlıng	g of viola		Yes	□ No
5	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of viol	ations, and enforcing	conserva	ition easeme	nts during	the year
7	Amount of expe ▶ \$	nses incurred in monitoring, inspecting,	handling of violation	s, and enforcing conse	ervation	easements d	uring the y	/ear
3	Does each conse and section 170	ervation easement reported on line 2(d) (h)(4)(B)(II)?	above satisfy the re	quirements of section	170(h)(4		Yes	□ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the i's accounting for conservation easemen	footnote to the orga				es	
ar	t IIII Organi:	zations Maintaining Collections te if the organization answered "Ye	of Art, Historica	· ·	her Sir	nilar Asset	ts.	
La	If the organizati art, historical tre	on elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	.6 (ASC 958), not to public exhibition, ed	report in its revenue s ucation, or research in	furthera			orks of
b	If the organizati historical treasu	on elected, as permitted under SFAS 11 res, or other similar assets held for pub its relating to these items	.6 (ASC 958), to repo	ort in its revenue state	ment an			
(led on Form 990, Part VIII, line 1				▶ \$		
		in Form 990, Part X				→ \$		
2 `'	If the organizati	on received or held works of art, histori ots required to be reported under SFAS			ancıal ga	ain, provide t	he	
а	-	ed on Form 990, Part VIII, line 1	(, , , , , , , , , , , , , , , , , ,	.g to these itelias		▶ \$		
ь		ın Form 990, Part X				→ s		

ched	dule D (Form 990) 2019									Pag
Part	: IIII Organizations Maintaining	Collections of A	rt, Histor	ical Tr	easures, o	r Other	Similar As:	sets (co	ontinued)	
3	Using the organization's acquisition, accessitems (check all that apply)	sion, and other rec	ords, check	any of	the following t	that are a	significant us	e of its	collection	
a	Public exhibition		d		Loan or exch	ange prog	ırams			
b	Scholarly research		е		Other					
c	Preservation for future generations									
4	Provide a description of the organization's Part XIII	collections and exp	olain how th	ey furth	er the organi	zation's ex	empt purpos	e in		
5	During the year, did the organization solic assets to be sold to raise funds rather tha						ılar	☐ Yes	. □ No	
Pari	Escrow and Custodial Arran Complete if the organization a X, line 21.		Form 990), Part	IV, line 9, o	r reporte	ed an amour	nt on Fo	orm 990, P	art
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other inter	rmediary fo	r contrib	outions or oth	er assets I	not	☐ Yes	. ✓ No	
b	If "Yes," explain the arrangement in Part	XIII and complete t	he following	j table			An	nount		
c	Beginning balance	·	_			1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount or	n Form 990. Part X.	line 21, for	escrow	or custodial a	account lia	bility?	Vac		
	If "Yes," explain the arrangement in Part 3						•			
	rt V Endowment Funds.	THE STREET THE STREET	e explained		Deen provide	4 111 1 41 1 7				
	Complete if the organization a	nswered "Yes" or	Form 990), Part	IV, line 10.					
_		(a) Current yea	ar (b)	Prior year	r (c) Two y	ears back	(d) Three year	s back (e) Four years	bac
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities and programs									
f A	Administrative expenses									
g E	End of year balance									
2	Provide the estimated percentage of the c	urrent year end bal	lance (line 1	g, colur	mn (a)) held a	ıs				
а	Board designated or quasi-endowment									
b	Permanent endowment ►									
С	Temporarily restricted endowment ►									
3a	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the pos	·	ınızatıon tha	it are he	eld and admin	istered fo	r the			
	organization by (i) unrelated organizations							3a(No
	(ii) related organizations							3a(• •	
b	If "Yes" on 3a(II), are the related organiza		red on Sch	edule R	· · ·			31		
4	Describe in Part XIII the intended uses of						- -			
Part	t VI Land, Buildings, and Equipr									
	Complete if the organization a									
		r other basis (b)	Cost or othe	r basıs (d	other) (c) Acc	cumulated o	lepreciation	(d) Book value	

Description of property	(investment)	(b) cost of other basis (other)	(c) Accumulated depreciation	(a) book value
1a Land	13,403,119			13,403,119

15,708,616 **b** Buildings . 33,115,843 17,407,227

673,659 673,659 $c \ \ \mathsf{Leasehold} \ \mathsf{improvements}$ **d** Equipment . 18,871,344 14,080,712 4,790,632

219,029 219,029 **e** Other . Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . 34,121,396

Part VII	Investments—Other Securities.	Form 000 Part IV 1:-	VO 114	. Soo Form 000	Part V Juno 12
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	ie III	(c) Metho	d of valuation
(1) Financia	(including name of security)	+		Cost or end-of	-year market value
	held equity interests				
(3) Other (A) OTHER		127,178,135			F
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	127,178,135			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, lır	ne 11c	. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)					Value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets.		•		
Partix	Complete if the organization answered 'Yes' on F		e 11d	See Form 990, Pa	
(1)	(a) Descriptio	<u>n</u>			(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.				•
Part X	Complete if the organization answered 'Yes' on F	orm 990, Part IV, line	e 11e	or 11f.See Form	
1.	(a) Description of I	liability			(b) Book value
(1) Federal (7)	income taxes				
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)			<u> </u>	14,450,650
	or uncertain tax positions. In Part XIII, provide the text of				
organization	's liability for uncertain tax positions under FIN 48 (ASC	740) Check here if the f	ext of	tne footnote has be	een provided in Part XIII 🔲

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2b b 2c c

> 2a 2b

2c 2d

4a

4b

Explanation

Page 4

68,611,533

68,611,533

68,611,533

58,593,958

58,593,958

58.593.958

Schedule D (Form 990) 2019

4c

5

2e

3

4c 5

d 2d 2e e 3 3

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a

4b

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII) b

4

Add lines **4a** and **4b**

Schedule D (Form 990) 2019

Part XI

1

2

3

5

Part XIII

See Additional Data Table

5 Part XII

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII)

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

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

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

Supplemental Information

Page 5	Schedule D (Form 990) 2019		
	ormation (continued)	Part XIII Supplemental Info	Part XIII
	Explanation	Return Reference	Re
	<u> </u>		

Schedule D (Form 990) 2019

Additional Data

Software ID: 19010655 Software Version: 2019v5.0

EIN: 92-0021481

Escrow amount represents mortgage loan reserves See Statement

Name: Credit Union 1

Explanation

	Supp	<u>lemental</u>	Inform	atio
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Schedule D, Part IV, Line 2b

on

Return Reference

Mortgage Escrow

Supplemental Information				
Return Reference	Explanation			
Schedule D, Part IV, Line 2b Explanation of escrow agreement	ESCROW AMOUNT REPRESENTS MORTGAGE LOAN RESERVES			

DLN: 93493231013090 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Credit Union 1 92-0021481 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2019

Schedule I (Form 990) 2019					Page 2
Part III Grants and Other Assistance to Part III can be duplicated if additional and the part III can be duplicated if additional and the part III can be duplicated in additional and t		omplete if the organizatio	n answered "Yes" on For	m 990, Part IV, line 22	
(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) SCHOLARSHIPS	9	17,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Device TV Commission and all Traffic commissions	the second secon	David T	los - De ot III - selous	/ - /	-1£t

Schedule I (Form 990) 2019

Explanation

Return Reference

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19323	31013	090	
Sch	edule J	Coi	npensati	on Information	10	1B No	1545-0	0047	
(Form 990)		For certain Officers	s, Directors, T	rustees, Key Employees, and Hig	hest				
	Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				. line 23.	2019			
			▶ Attach	to Form 990.					
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u> <i>Formyyu</i></u> tor	instructions and the latest inform	nation.	pen t Insp	ectio		
	me of the organiza	ation			Employer identificat	ion nu	ımber		
Cred	dit Union 1				92-0021481				
Pa	rt I Questi	ons Regarding Compensation	on						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
	✓ First-class	s or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up payments	님	Health or social club dues or initiation					
	□ Discretion	nary spending account	Ц	Personal services (e g , maid, chauf	reur, cner)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all	- 4-2	2	Yes		
	airectors, truste	es, oπicers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Lir	ne Ia/				
3		if any, of the following the filing of EO/Executive Director Check all t		d to establish the compensation of the	ne				
				CEO/Executive Director, but explain i	n Part III				
	☐ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	▽	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee				
4	During the year related organiza		0, Part VII, Sed	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-contro	ol payment?			4a	Yes		
b		r receive payment from, a suppler		fied retirement plan?		4b	Yes		
С	Participate in, o	r receive payment from, an equity	-based comper	sation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	licable amounts for each item in Part	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	raanizations	must complete lines 5-9					
5	For persons liste	ed on Form 990, Part VII, Section	A, line 1a, did t	the organization pay or accrue any					
_		ontingent on the revenues of				_			
a b	The organization Any related organization					5a 5b			
U		5a or 5b, describe in Part III				30			
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any					
а	The organization	n?				6a			
b	Any related orga					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes,"		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	iction Act Notice, see the Instr	uctions for Fo	rm 990. Cat No 5	50053T Schedule J	(Form	990)	2019	

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

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

Schedule J (Form 990) 2019				
Part III Supplemental Inform	nation			
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			
or charter travel	FIRST CLASS TRAVEL FOR THE CEO AND BOARD CONSULTANT IS AUTHORIZED WHEN TRAVELING OUTSIDE OF THE STATE FOR BUSINESS PURPOSES ONE FIRST CLASS TICKET PER YEAR IS AUTHORIZED FOR ALL BOARD MEMBERS AND THE SUPERVISORY COMMITTEE CHAIRMAN WHEN TRAVELING OUT OF STATE TO ATTEND TRAINING OR A CONFERENCE			
Schedule J, Part I, Line 4a Severance or change-of-control payment	CHRISSY BELL RECEIVED \$93,247 OF SEVERANCE PAY IN NOVEMBER 2019			
Supplemental nonqualified retirement plan	SENIOR LEVEL MANAGERS ARE ELIGIBLE FOR A 457(F) NONQUALIFIED COMPENSATION PLAN AND RECEIVE PERIODIC PAYMENTS UNTIL RETIREMENT THE ANNUAL BENEFIT ACCRUALS ARE INCLUDED IN COLUMN C OF SCHEDULE J THE FOLLOWING PAYMENTS WERE MADE DURING THE YEAR DAVINA NAPIER \$180,000 JANUARY 2019 DEBBIE CASEY \$120,000 JANUARY 2019 PATRICK BERRY \$80,000 JANUARY 2019 JAMES WILEMAN \$80,000 JULY 2019 CHRISTINE BELL (\$177,133) FORFEITED IN NOVEMBER 2019 DUE TO EARLY TERMINATION			

Schedule 1 (Form 990) 2019

Additional Data

(II)

(1)

(II)

(ı)

(11)

(1)

(II)

(1)

(11)

(1)

(i)

(11)

(1)

(11)

(i)

(II)

(1)

(II)

PRESIDENT/CEO

1CHARLES BOSTICK

2MARK BURGESS

OFFICER

NAPIER

CHIEF TECHNOLOGY

DAVINA R SIMMONS-

CHIEF LENDING OFFICER **4**CHRISTINE BELL

CHIEF CULTURE OFFICER

CHIEF OPERATING OFFICER

VP CHIEF AUDIT EXECUTIVE

SENIOR PROJECT MANAGER

5RACHEL LANGTRY

6DEBBIE CASEY

SVP OF MEMBER

8TERRI COLSON

9ERIC BENDER

MANAGER

ENTERPRISE SYSTEMS

10TYLER HASBROUCK

VP OF E-SERVICES

ASSISTANCE **7**PATRICK BERRY

CHIEF FINANCIAL OFFICER

208,479

210,702

203,433

165,531

209,717

161,981

113,912

126,451

129,404

122,292

Software ID: 19010655 Software Version: 2019v5.0

EIN: 92-0021481 Name: Credit Union 1

10,084

198,535

93,247

120,000

80,000

2,571

6,619

5,967

78,839

11,046

10,762

67,514

7,298

66,790

96,877

45,504

31,390

9,986

20,595

(F) Compensation in

column (B) reported as deferred on prior Form 990

80,000

180,000

-177,133

120,000

80,000

(B)(i)-(D)

597,903

267,211

232,592

508,041

307,577

303,742

415,603

283,489

196,376

193,218

176,163

32,953

21,935

12,264

11,131

252

12,215

27,883

24,016

37,622

12,167

253

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A (E) Total of columns

(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	
1JAMES WILEMAN (I	343,466	62,645	80.000	78.839	32.953	Г

15,667

10,875

26,295

30,370

26,983

24,530

16,190

11,948

9,587

15,142

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN: 93493231013090
SCHEDULE (Form 990 or 99 EZ)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	OMB No 1545-0047 2019 Open to Public Inspection
Vame l Betherorgan Credit Union 1	92-0021	er identification number 481
Return Reference	Explanation	
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Marietta Hall and James Wileman - Business relationship	

Return
Reference

Explanation

CREDIT LINION ACCOUNT HOLDERS ARE MEMBERS

Form 990,
Part VI, Line
6 Classes of members or stockholders

Return Reference
Form 990, MEMBERS CAN VOTE TO ELECT THE GOVERNING BODY AT THE ANNUAL MEETING

1 01111 000,	INCINEERS OF A TOTAL TO ELECT THE COVERANTO BOBT AT THE FIRM OF EMELLING
Part VI, Line	
7a Members	
or	
stockholders	
electing	
members of	
governing	
body	

Return Explanation
Reference

Form 990,
Part VI, Line
11b Review
of form 990
by governing
body

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	EMPLOYEES SIGN ANNUALLY THAT THEY HAVE READ AND UNDERSTAND THE CONFLICTS OF INTEREST POLIC
Part VI, Line	Y BOARD OF DIRECTORS REPORT IN WRITING ANY CONFLICTS OF INTEREST ANNUALLY
12c Conflict	
of interest	

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	CEO COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS COMPENSATION SURVEYS ARE OBTAINED AND THE COMPENSATION REVIEW AND APPROVAL PROCESS IS DOCUMENTED PROCESS LAST COMPLETED IN 2019

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	COMPENSATION IS APPROVED BY THE PRESIDENT COMPENSATION SURVEYS ARE OBTAINED AND THE COMPENSATION REVIEW AND APPROVAL PROCESS IS DOCUMENTED

Return Explanation Reference Form 990. DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

Part VI, Line
19 Required documents available to the public

Return

Reference		
Form 990,	Computer Services - Total Revenue 325067, Related or Exempt Function Revenue , Unrelated	
Part VIII, Line	Business Revenue 325067, Revenue Excluded from Tax Under Sections 512, 513, or 514, MB	
444 Other	L. Total Bayanya, 136406, Balatad as Evament Function Bayanya, L. Unsalatad Byaynaga Bayanya	

Explanation

cluded from Tax Under Sections 512, 513, or 514, 239373.

990 Schedule O, Supplemental Information

Return

TRANSACTIONS | DED ON SCHEDULE L

Reference	·
Schedule L, Part	BUSINESS TRANSACTIONS BETWEEN THE CREDIT UNION AND INTERESTED PERSONS AS MEMBERS OF THE CR
LBUGINESS	FOIT LINION WITH THE SAME TERMS OFFERED TO OTHER MEMBERS OF THE CREDIT LINION WERE NOT INCLU

Explanation