DLN: 93493287006339 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 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable SCOTT CREDIT UNION □ Address change 37-0732817 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P O box if mail is not delivered to street address) Room/suite 101 CREDIT UNION WAY E Telephone number ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code EDWARDSVILLE, IL $\,$ 62025 $\,$ G Gross receipts \$ 64,499,920 Name and address of principal officer H(a) Is this a group return for FRANK M PADAK ☐Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 4947(a)(1) or □ 527 501(c) (14) ◀ (Insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW SCU ORG L Year of formation 1943 M State of legal domicile IL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO SERVE MEMBERS NEEDS BY ACCEPTING DEPOSITS, GRANTING LOANS AND INVESTMENG EXCESS FUNDS IN A PRUDENT MANNER Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 8 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 15 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 52,990,269 61,456,124 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,512,037 3,073,301 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,792 -29,505 55,518,098 64,499,920 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **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) 16,931,395 18,133,493 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) . 28,826,827 34,604,731 45,758,222 52,738,224 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,759,876 Revenue less expenses Subtract line 18 from line 12 . 11,761,696 Net Assets or Fund Balances Beginning of Current Year End of Year 1,115,637,231 1,219,604,280 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 18,648,084 94,161,603 22 Net assets or fund balances Subtract line 21 from line 20 . 1,096,989,147 1,125,442,677 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-03-14 Signature of officer Sign Here SCOTT PETERS VP OF FINANCE Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-10-14 P00428587 Paid self-employed Firm's EIN ► 59-2164330 Preparer Use Only Firm's address ≥ 5915 Ponce De Leon Blvd Ste 24 Phone no (305) 596-0903 Coral Gables, FL 33146 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗆
1	Briefly describe the o	organization's mission				
<u>TO S</u>	ERVE MEMBERS NEEDS	S BY ACCEPTING DEPO	SITS, GRANTIN	G LOANS AND INVESTM	ENG EXCESS FUNDS IN A PRUDENT	MANNER
_						
2	-			vices during the year wh	ich were not listed on	
						☐ Yes ☑ No
_	•	ese new services on Sc				
3	_		_	changes in how it condu	cts, any program	
						🗌 Yes 🗹 No
_		ese changes on Schedu				
4	Section 501(c)(3) an		ons are required	to report the amount of	argest program services, as measu f grants and allocations to others, th	
4a	(Code) (Expenses \$	52,738,224	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-					
4c	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d	Other program service	ces (Describe in Sched	ule O)			
·u	(Expenses \$	•	luding grants of	\$) (Revenue \$)
4e	Total program serv		52,738,2	·	· · · · · · · · · · · · · · · · · · ·	·
			3_1.00/2			Form 990 (2018)

Form 990 (2018) 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 Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 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? 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 98-19? 5 No 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? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? No If "Yes," complete Schedule D, Part III 8 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 Nο services?If "Yes," complete Schedule D, Part IV 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? 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 No 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 Yes 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d
- 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 11f No
- the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year?
- 12a Yes
- b Was the organization included in consolidated, independent audited financial statements for the tax year? 12h Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13

14a

14h

15

16

17

18

19

20a

20b

21

Nο

No

No

Nο

Nο

No

Nο

Nο

No

Nο

No

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Is the organization a school described in section 170(b)(1)(A)(u)? 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)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

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

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

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

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

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

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

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

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

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

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

orm s	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
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? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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
	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		No
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 197 Note.	28	Yes	

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V $\,$. Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1a 32,644 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b

Section 501(c)(7) organizations. Enter a 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 a Gross income from members or shareholders . 11a

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

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

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 13a

Enter the amount of reserves the organization is required to maintain by the states in

13b which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No

14b

15

No

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b 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

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

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

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
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 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		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?	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? 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 Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
c	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		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	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?			
	<u> </u>	16b		
	Light the States with which a capit of this Form 200 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
10	only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
17	policy, and financial statements available to the public during the tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►SCOTT PETERS 101 CREDIT UNION WAY EDWARDSVILLE, IL 62025 (618) 345-1000

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	n compensation compens from the from rel organization (W- organiza		(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	101	key employee	Highest compensated employee	Former	2/1099-MISC)	Ž/1099-MISĊ)	organization and related organizations
See Additional Data Table										

	เนธเลล	il Trusteë)ee	mpensated		
See Additional Data Table						

1b Sub-Total						>				
c Total from continuation sheets to Part VII, Section A										

2,956,460

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 ▶ 15

Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual . . . 3 Nο

591,970

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	.	1 Yes					
5	for	5	No					
Se	ection 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) (B)							

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organiza services rendered to the organization? If "Yes," complete Schedule J for such person		5 No	0_				
Se	ction 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) Compensatio	on .				

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 >

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Part	Check if Schedule O contains	a response oi	r note to any l	ine in this Part VII	ı . .			🗆
		·		(A) Total revenue	Re e fu	(B) lated or xempt unction evenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1a Federated campaigns	1a				venue	I	312 314
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues	1b						
<u> </u>	c Fundraising events	1c						
Ę, Ę	d Related organizations	1d						
<u>=</u> =	e Government grants (contributions)	1e						
sir. Sir	f All other contributions, gifts, grants,							
er e	and similar amounts not included above	1f						
퉏	g Noncash contributions included							
ont nd	in lines 1a - 1f \$							
ء د	h Total. Add lines 1a-1f		· •	1				
КIе	2a INTEREST ON LOANS		Business		,409,567	42,409	.567	
Service Revenue	b SERVICE FEES			900099	,046,557	19,046		
ı ÇE	D SERVICE TEES			900099	,	,	,	
гис	c —							
Š	d ————————————————————————————————————							
ıran.	-							
Program	f All other program service revenue		61,4	56,124				
	gTotal. Add lines 2a-2f		h					T
	3 Investment income (including divided similar amounts)	enas, interes	t, and other	3,073,30	01	3,073,301		
	4 Income from investment of tax-ex		oceeds >					
	5 Royalties		. •					
	(1) Rea	al (II) Personal					
	b Less rental expenses							
	c Rental income or							
	d Net rental income or (loss) .			1				
	(i) Securi	ities (ıı) Other					
	7a Gross amount from sales of		,					
	assets other than inventory							
	h Less cost or							
	other basis and sales expenses							
	C Gain or (loss)							
	d Net gain or (loss)		>					
A 1.	8a Gross income from fundraising ev (not including \$	ents of						
Other Revenue	contributions reported on line 1c)	.						
eve	See Part IV, line 18							
rВ	b Less direct expensesc Net income or (loss) from fundrai	b						
the	9a Gross income from gaming activit							
0	See Part IV, line 19	a						
	b Less direct expenses	ь						
	c Net income or (loss) from gaming		· •					
	10aGross sales of inventory, less returns and allowances							
	returns and anowances	a						
	b Less cost of goods sold	b						
	c Net income or (loss) from sales o	finventory .	. •					
	Miscellaneous Revenue	Bus	iness Code	20 5) -	20 505		
	11aOTHER GAINS		900099	-29,50	ובע	-29,505		
	h							
	b							
	с							
	·							
	d All other revenue							
	e Total. Add lines 11a-11d		. •		7.5			
	12 Total revenue. See Instructions		🛌	-29,50				
				64,499,92	20	64,499,920	0	Form 000 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	dumns All other orga	nizations must somn	loto column (A)	
Check if Schedule O contains a response or note to any	-			П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.		ехрепзез	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,956,360	2,956,360		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,540,058	10,540,058		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	608,147	608,147		
9 Other employee benefits	2,991,220	2,991,220		
10 Payroll taxes	1,037,708	1,037,708		
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
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)				
12 Advertising and promotion	2,041,541	2,041,541		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	325,081	325,081		
20 Interest	1,822,926	1,822,926		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,135,710	2,135,710		
23 Insurance	242,366	242,366		
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 SEE ATTACHED	28,037,107	28,037,107		
b				
С				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	52,738,224	52,738,224	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)				

Page **11**

340,046

28.079.680

7.792.407

86.369.196

94.161.603

1,007,247,705

118,194,972

1,125,442,677

1,219,604,280

Form **990** (2018)

1.219.604.280

Form 990 (2018)

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18 19

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34

Liabilities 22

Fund Balance

Assets or 30

Net

Intangible assets . . .

Grants payable . .

Deferred revenue .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

	Beginning of year		End of year
1 Cash-non-interest-bearing	13,337,888	1	12,194,480
2 Savings and temporary cash investments	. 78,252,419	2	4,232,293
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	14,535,210	4	4,459,034
5 Loans and other receivables from current and former officers, directors,			

	_		-	-		_	
	4	Accounts receivable, net			14,535,210	4	4,459,034
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ited er	nployees Complete	6,173,041	5	6,444,542
Assets	6	Loans and other receivables from other disqualities section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations. Part II of Schedule L	n 4958 tions ((see in	B(c)(3)(B), and of section 501(c)(9) istructions) Complete	917,624,929	6	981,255,996
se	_	•		,		,	
8	8	Inventories for sale or use		8			
۱۹	9	Prepaid expenses and deferred charges			1,556,749	9	2,449,840
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	55,481,407			
	Ι.		401	24.002.640	1 00 000 074		24 477 700

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o (see in:	(c)(3)(B), and f section 501(c)(9) structions) Complete		6	
ets	7	Notes and loans receivable, net			917,624,929	7	981,255,996
\$8	8	Inventories for sale or use			8		
A	9	Prepaid expenses and deferred charges	1,556,749	9	2,449,840		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	55,481,407			
	b	Less accumulated depreciation	10b	24,003,618	28,232,371	10 c	31,477,789
	11	Investments—publicly traded securities .	:ly traded securities •			11	
	12	Investments—other securities See Part IV, line		12			
	13	Investments—program-related See Part IV, line	28,663,900	13	148,670,580		

352,404

26.908.320

8,765,137

9.882.947

18.648.084

990,198,985

106,790,162

1,096,989,147

1,115,637,231

1.115.637.231

14

15

16

17

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22 23

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27 28

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33

34

3a

3b

No

Form 990 (2018)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 37-0732817

Name: SCOTT CREDIT UNION

F----- 000 (201)

Form 990 (2018)

Form 990, Part III, Line 4a:
SERVED MEMBERS INTERESTS BY ACCEPTING DEPOSITS. GRANTING LOANS AND INVESTING EXCESS FUNDS IN A PRUDENT MANNER

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

ASSOCIATE DIRECTOR

SARAH HOLDENER

DIRECTOR

DIRECTOR

DIRECTOR

DEBBIE LANE

JOAN OSABEN

ASSOCIATE DIRECTOR

MICHELE GEHLBACH

GEORGE SCONYERS

ASSOCIATE DIRECTOR

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
FRANK M PADAK	40 00									
CEO	0 00	×		×				497,420	0	58,237
WILLIAM HOSTETTER	15 00	х						0	0	0
CHAIRMAN	0 00									
LAWRENCE HAFFNER	15 00									
VICE CHAIRMAN		Х						0	0	0
VICE CHAINNAIN	0 00									
JOANNE CARDEN	15 00									
		l x	l	l	I	1	I	l 0	0	0

0

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CHAIRMAN	0 00							
LAWRENCE HAFFNER	15 00							
		X					0	
VICE CHAIRMAN	0 00						_	
JOANNE CARDEN	15 00							
		X					0	
SECRETARY	0 00							
JACOB CURTIS	15 00							

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0 00 15 00

0 00 15 00

0 00 15 00

0 00 15 00

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the (W- 2/1099-

(W- 2/1099-

229,177

115,428

185,483

96,732

150,019

organization and

33,494

42,609

33,464

38,514

32,915

36,735

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

CHRIS BROWNER

VP OF COMM LENDING

VP OF CONSUMER LENDING

CHIEF MARKETING OFFICER

CHRIS DAVIS

ERIC HAM

LINDA HICKMAN

ADAM KOISHOR

CFO

	organizations below dotted line)	ndiwidual trustee or director	Institutional Trustee	10	key employee	righest compensated employee	Former	MISC)	MISC)	related organizations
CHRISTOPHER SOBRINO	15 00									
	•••••	×						0	0	0
DIRECTOR	0 00									
MARK WITKOWSKI	15 00									_
		×						0	0	0
DIRECTOR	0 00									
BETTY RENTH	15 00									
		×						0	0	0
DIRECTOR EMERITUS	0 00									
MARNA ASBURY	40 00									
				X				110,171	0	36,096

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BETTY RENTH	15 00	×			0	
DIRECTOR EMERITUS	0 00					
MARNA ASBURY	40 00		Х		110,171	
VP OF MTG	0 00		^		110,171	
DALE BEARD	40 00		х		135,855	
VP OF RISK MGMNT	0 00		^		133,633	
CUDIC PROMNER	40 00					

0.00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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for related

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation week (list person is both an officer from the compensation from related any hours and a director/trustee) organization organizations from the

for related

40 00

0.00 40 00

0 00 40 00

0 00 40 00

0 00 40 00

0 00

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(W- 2/1099-

organization and

29,872

6,184

30,294

17,361

9,271

0

(W-2/1099-

78,619

155,489

105,455

142,372

125,367

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	MISC)	MISC)	related organizations
LINDA FEDRICK COO	40 00 0 00			×				168,594	0	34,519
DEANNA ONEILL VP EMPLOYEE SVCS	40 00 0 00			х				132,445	0	32,773
SCOTT PETERS VP OF FINANCE	40 00			х				134,415	0	35,072
DAVE ROTH VP ACCOUNT SVCS	40 00			×				90,419	0	38,061
SCOTT SEIDL EXEC VP	40 00			×				303,000	0	46,499

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DAVE ROTH
VP ACCOUNT SVCS
SCOTT SEIDL
EXEC VP

ALICIA KALLAL

CARRIE OCONNOR

TONY BAKALAR

MTG LOAN OFFICER

MTG LOAN OFFICER

SHANNON WILLS

ERIC WALTENBERGER

MORTGAGE LOAN OFFICER

VP OF BRANCH OPERATIONS

CHIEF LENDING OFFICER

......

and Independent Contractors

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493287006339

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

		501(c) (other than section 5 527 organizations Complet	i01(c)(3)) organizations Complete Part le Part I-A onlv	s I-A and C below	Do not complete Part I-	3		
f the	e organ	ization answered "Yes" or	ո Form 990, Part IV, Line 4, or Form <mark>ՙ</mark>					
			have filed Form 5768 (election under					
			t have NOT filed Form 5768 (election u n Form 990, Part IV, Line 5 (Proxy Ta					
		(see separate instruction		n, (see separate n			_,	
		501(c)(4), (5), or (6) organiz	zations Complete Part III		T			
		ne organization DIT UNION			Employer id	entii	fication nun	nber
-	01. 0.1.22				37-0732817			
Par	t I-A	Complete if the organ	nization is exempt under section	on 501(c) or is	a section 527 orga	niza	ition.	
1		de a description of the organ cal campaign activities")	ization's direct and indirect political cal	mpaign activities in	Part IV (see instruction	s for	definition of	
2	Politic	al campaign activity expend	itures (see instructions)		>	\$.		19,426
3	Volun	teer hours for political camp	aign activities (see instructions)					
Par	rt I-B	Complete if the organ	nization is exempt under section	on 501(c)(3).				
1	Enter	the amount of any excise ta	ex incurred by the organization under s	ection 4955	>	\$		
2	Enter	the amount of any excise ta	ax incurred by organization managers u	ınder section 4955	•	\$.		
3	If the	organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a	a correction made?					☐ Yes	□ No
b	If "Ye	s," describe in Part IV						
Par	rt I-C	Complete if the orga	nization is exempt under section	on 501(c), exce	pt section 501(c)(3).		
1	Enter	the amount directly expend	ed by the filing organization for sectior	527 exempt functi	on activities 🕨	\$.		19,426
2		the amount of the filing org on activities	anization's funds contributed to other o	organizations for se	ction 527 exempt	\$.		
3	Total	exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$.		19,426
4	Did th	ie filing organization file For	m 1120-POL for this year?				✓ Yes	☐ No
5	organ of pol	ization made payments For itical contributions received	employer identification number (EIN) of each organization listed, enter the am that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the red to a separate po	filing organization's fund olitical organization, sucl	ds A	lso enter the	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly deliv separate programment or an arrangement of the control of the	received otly and vered to a political If none,
(1)	CREDIT U	NION PAC	1807 WEST DIEHL ROAD NAPERVILLE, IL 60566	36-3092340				-
2								
3								
1								
5								
5								
or F	aperwo	rk Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule (C (Fo	rm 990 or 990	D-EZ) 2018

ь	Total lobbying expenditures to influence a legislative	body (direct lobbying)	
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f		
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year? 4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493287006339 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** SCOTT CREDIT UNION 37-0732817 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2018

Par	1111	Organizations Ma	aintaining Col	lections o	of Art, Hi	istori	cal T	reası	ıres, oı	Other	Similar As	ssets (con	:inued)
3		g the organization's acq s (check all that apply)	uisition, accessior	n, and other	records, o	check	any of	the fo	llowing t	hat are a	significant i	use of its co	lection
а		Public exhibition				d		Loan	or excha	ange prog	ırams		
b		Scholarly research				е		Othe	r				
c		Preservation for future	e generations										
4	Prov Part	ide a description of the XIII	organization's col	ections and	l explain h	ow the	ey furtl	ner the	e organız	ation's ex	kempt purpo	se in	
5		ng the year, did the orga ts to be sold to raise fur									ular	☐ Yes	□ No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on Forn	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	unt on Forr	n 990, Part
1a		e organization an agent ded on Form 990, Part)		an or other	ıntermedia	ary for	contri	bution	s or othe	er assets I	not	Yes	□ No
ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	ete the foll	owing	table				A	mount	
c		nning balance		,		,				1c			
d	-	tions during the year								1d			
е	Dıstr	ributions during the year	-							1e			
f		ng balance								1f			
2a		:he organization include	an amount on Eo	rm 000 Dar	rt V lung 3	1 for	ocerou		ictodial a	ccount li-	hilitu 2	П у	 □ No
													□ NO
		es," explain the arrange											
ΡŒ	rt V	Endowment Fund	us. Complete ii	(a)Curren			rior yea				(d)Three yea		Four years back
1 a	Begini	ning of year balance .		(a)curren	it year	(5)	nor yea		(c) wo y	curs buck	(d)Times yes	ars back (C)	Tour years buck
b	Contri	butions											
С	Net in	vestment earnings, gair	ns, and losses										
d	Grants	s or scholarships	•										
е		expenditures for facilitie rograms	es										
f	Admın	nistrative expenses .											
g	End of	f year balance											
2	Prov	ide the estimated percei	ntage of the curre	nt year end	l balance (line 1	g, colu	mn (a)) held a	s			
а	Boar	d designated or quasi-e	ndowment 🟲										
b	Perm	nanent endowment 🕨											
c	Tem	porarily restricted endov	wment 🟲										
3a	Are t	percentages on lines 2a here endowment funds nization by		•		on that	t are h	eld an	d admini	stered fo	r the		Yes No
	-	inrelated organizations										3a(i)	+
Ь		related organizations . es" on 3a(ii), are the rel		 s listed as r	equired or	 n Sche	dule R	?				3a(ii)	<u>' </u>
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds						
Pai	rt VI												
		Complete if the or											
	Descr	ription of property	(a) Cost or oth (investme		(b) Cost o	r other	basis (other)	(c) Acc	umulated c	lepreciation	(d) E	Book value
1 a	Land						6,42	22,650					6,422,650
b	Buildir	ngs					29,09	99,801			11,952,242		17,147,559
С	Leasel	hold improvements					1,28	32,071			579,490		702,581
d	Equipi	ment					16,09	92,882			11,471,886		4,620,996

2,584,003

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

2,584,003 31,477,789

Schedule D (Form 990) 2018				Page 3
Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	f the organiza	tion answer	ed "Yes" on Form 9	90, Part IV, line 11b.
(a) Description of security or category (including name of security)		(b) Book value		od of valuation of-year market value
(1) Financial derivatives				
(A)	_			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII Investments—Program Related.	-		11. Can Farm 000	Doub V. June 12
Complete if the organization answered 'Yes' or (a) Description of investment	(b) Book		(c) Meth	od of valuation
(1)INVESTMENTS	148	8,670,580	Cost or end-o	of-year market value C
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		3,670,580		
Part IX Other Assets. Complete if the organization answer (a) Description		m 990, Part I	V, line 11d See Form	990, Part X, line 15 (b) Book value
(1) OTHER ASSETS (2)				28,079,680
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				28,079,680
Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.		es' on Form	990, Part IV, line 1	
(a) Description of liability (1) Federal income taxes		(b) Book	value	
BORROWED FUNDS			80,198,031	
OTHER LIABILITIES (3)			6,171,165	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	t of the factors		86,369,196	amonts that ranguts the
Liability for uncertain tax positions In Part XIII, provide the tex organization's liability for uncertain tax positions under FIN 48 (AS)				

2

а

b

3

4

Part XIII

Return Reference

Schedule D (Form 990) 2018

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

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

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

Investment expenses not included on Form 990, Part VIII, line 7b .

Net unrealized gains (losses) on investments .

Donated services and use of facilities . .

Recoveries of prior year grants . . .

Add lines 2a through 2d . .

Subtract line 2e from line 1 .

Other (Describe in Part XIII)

Supplemental Information

Page 4

64,499,920

64,499,920

2e 3

D	Other (Describe in Part XIII)	4D					
c	Add lines 4a and 4b	4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5		64,499,920
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			•	s per Retur	'n.	
1	Total expenses and losses per audited financial statements				1		52,738,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments						
c	Other losses						
d	Other (Describe in Part XIII)	2d					
е	Add lines 2a through 2d	· .			2e		
3	Subtract line 2e from line 1				3		52,738,224
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII)	4b					
c	Add lines $\mathbf{4a}$ and $\mathbf{4b}$		•		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) .			. 5	1	52,738,224

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

Explanation

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

2a

2b

2с

2d

4a

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

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19328	37006	339
Schedule J (Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						0047
		► Complete if the org	2018					
Depar	▶ Attach to Form 990.							
Intern	al Revenue Service					Insp	to Pul ectio	n
	me of the organiza OTT CREDIT UNION	ation			Employer identificat	ion nu	ımber	
			_		37-0732817			
Pa	rt I Questi	ons Regarding Compensat	ion				Yes	N.
1a				f the following to or for a person liste ny relevant information regarding the			res	No_
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	_	companions		Payments for business use of perso				
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chaut	feur, chef)			
Ь		xes in line 1a are checked, did th all of the expenses described abo		follow a written policy regarding payn nplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all or, regarding the items checked in line	. 152	2		
	unectors, truste	es, officers, including the CEO/E	xecutive Directo	n, regarding the items checked in line	e lar			
3				ed to establish the compensation of the not check any boxes for methods	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	☐ Compens	ation committee	П	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	lified retirement plan?		4b	Yes	
С		r receive payment from, an equit	•	-		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	plicable amounts for each item in Par	t III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	The organization	n?				5a		
b	Any related orga					5b		
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization					6a		
b	Any related orga					6 b		
_	•	6a or 6b, describe in Part III		No. and the same was to the same of the sa	ı.			
7	payments not d	escribed in lines 5 and 67 If "Yes	," describe in Pa		a	7		
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8		
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		
For F	Panerwork Redu	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	50053T Schedule J	(Form	990)	2018

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. ch 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) Breat	kdown of W-2 and/o compensation		and other	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	Compensation in	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation			column (B) reported as deferred on prior Form 990	
See Additional Data Table								
					'			
					1			
	+			+				
	+			+				
					<u>'</u>	 		
					<u>'</u>	 		
					<u> </u>			
					<u> </u>			
					1			

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

(A) Name and Title

FRANK M PADAK

VP OF RISK MGMNT

CHRIS BROWNER

ADAM KOISHOR

LINDA FEDRICK

DEANNA ONEILL

SCOTT PETERS

VP OF FINANCE

SCOTT SEIDL

CARRIE OCONNOR

CHIEF LENDING OFFICER

ERIC WALTENBERGER

MTG LOAN OFFICER

EXEC VP

VP EMPLOYEE SVCS

CHIEF MARKETING OFFICER

DALE BEARD

CEO

CFO

CIO

COO

ERIC HAM

(1)

(ı)

(11)

(1)

(1)

(i)

(II)

(i)

(II)

(ı)

(II)

(1)

(11)

(i)

(11)

(1)

(II)

(i) Base Compensation

427,759

128,745

209,401

171,391

137,545

154,995

124,865

125,189

276,685

141,614

52,646

Software ID: **Software Version:**

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

63,047

6,500

19,351

13,843

12,317

12,800

7,000

7,000

25,200

13,799

89,471

(iii)

Other reportable

compensation

6,614

610

425

249

157

799

580

2,226

1,115

76

255

29,259

7,216

15,773

10,917

8,628

8,950

6,935

7,782

20,671

5,906

7,752

(D) Nontaxable

benefits

28,978

26,278

26,836

27,597

28,107

25,569

25,838

27,290

25,828

278

9,609

(E) Total of columns

(B)(ı)-(D)

555,657

169,349

271,786

223,997

186,754

203,113

165,218

169,487

349,499

161,673

159,733

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

(C) Retirement and

other deferred

compensation

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

(ii)

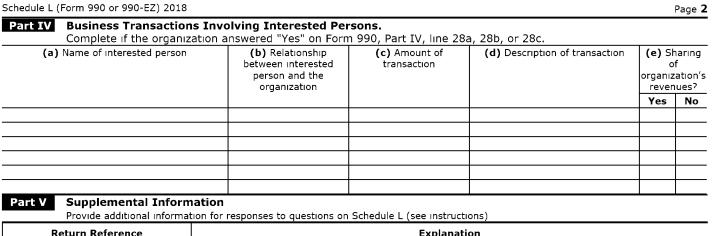
Bonus & incentive

compensation

EIN: 37-0732817

Name: SCOTT CREDIT UNION

efile GRAPH	IIC print - DO	NOT PROCESS	As File	d Data -					DL	N: 93	4932	370 0	6339
Schedule L (Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.					,	OMB No 1545-0047							
			► Attach	to Form 990	or Form 99						20	1	8
Department of the T Internal Revenue Se	I	r d o to <u>n</u>	www.iii.siqo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tor the late	st mormation	•			C	pen t Insp		
Name of the o	rganization						Em	ploy	er ide	ntifica			
								-0732					
		T ransactions (sec Inization answered "\								o 40h			
	(a) Name of disc					llified person and	$\overline{}$		escripti		(d)	Corr	ected?
				0	rganization	· 		tra	insactio	n	Ye	es	No
							+					_	
Part II L C (a) Name of	.oans to and/complete if the oreported an amou	' ' ' '	ted Person Figure 1	ons. Form 990-EZ, 6, or 22 To or from the	Part V, line 3		D, Pari) In	line 26,	1)	(i) Writ	ten
interested person	with organization	loan	orgar	nization?	principal amount		default? Approve board commit		d or	or			
			То	From			Yes	_	Yes	No	Yes	ı	No
(1) FRANK PADAK	CEO	RETIREMENTLIFE INS		X	6,173,041	6,444,542		No	Yes		Yes		
 Total				<u> </u>	<u> </u> '\$	6,444,542							
				· ·	т	5, , 5							
		stance Benefiting organization answ				lino 27							
	terested person		etween and the	(c) Amount o		(d) Type of	fassis	stance	= (e) Pur	pose o	f assis	stance
		34											
						1			_				
									_				
For Danerwork D	eduction Act Note	ice, see the Instruction	ns for Form	990 or 990-E	7 C	 at_No_50056∆		Cal		/F	000	000 5	7) 2019



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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to speci	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.						
Department of the T	► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest info							
Name Brtheorg	ON	Employer identi 37-0732817	fication number					
990 Schedul	e O, Supplemental Information							
Return Reference	Explanation							
Members or stockholder classes and rights Part VI line 6	ALL VOTING ON THE ELECTION OF DIRECTORS SHALL BE BY BALLOT, EXCEPT WHEN THERE IS A NO CONT EST-(WRITTEN BALLOTS NEED NOT BE CAST) ON ELECTION OF DIRECTORS, EVERY SHAREHOLDER HAS THE RIGHT TO VOTE THE NUMBER OF SHARES OWNED BY FOR AS MANY PERSONS AS THERE ARE DIRECTORS TO BE ELECTED THEY MAY ALSO CUMULATE THEIR SHARES AND GIVE ONE CANDIDATE AS MANY VOTES AS T HE NUMBER OF DIRECTORS MULTIPLIED BY THE NUMBER OF SHARES OWNED MEMBERS THAT ARE NOT NATU RAL PERSONS MAY CAST A VOTE THROUGH A DELEGATED AGENT ALL ELECTIONS SHALL BE DETERMINED B Y PLURALITY VOTE AND SHALL BE BY BALLOT EXCEPT WHERE THERE IS NO CONTEST IN CASE OF FAILU RE TO ELECT, THE MEETING MAY BE ADJOURNED FROM TIME TO TIME							

Return
Reference

ALL VOTING ON THE FLECTION OF DIRECTORS SHALL BE BY BALL OT EXCEPT WHEN THERE IS NO CONTEST

Member election for additional members
Part VI line

ALL VOTING ON THE ELECTION OF DIRECTORS SHALL BE BY BALLOT EXCEPT WHEN THERE IS NO CONTEST

BY BALLOT

Return Explanation Reference Form 990 THE CREDIT UNIONS TAX RETURN IS REVIEWED BY THE CEO governing

body review Part VI line

990 Schedule O, Supplemental Information

Return
Reference

Explanation

CEO	EXECUTIVE COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS, WHO ARE INDEPENDENT VOLUNT
executive	EERS THEIR PROCESS INCLUDES A REVIEW OF COMPENSATION DATA FOR EXECUTIVE POSITIONS AT SIMI
director top	LAR ENTITIES
management	
comp Part VI	
line 15a	

Return Reference Explanation

Governing DOCUMENTS ARE MADE AVAILABLE UPON REQUEST

documents
etc available
to public Part
VI line 19

Return Reference Explanation

INCREASE IN MEMBER DEPOSITS

of other changes in net assets or fund balances
Part XI line 9

Return Explanation

990 Schedule O, Supplemental Information

General explanation attachment SCHEDULE C POLITICAL ACTIVITIES THE ORGANIZATIONS ONLY POLITICAL ACTIVITIY IS THE CONTRI BUTION TO CREDIT UNION POLITICAL ACTION COUNCIL THE IS REPORTED IN PARTS I-A AND I-C OF TH IS SCHEDULE C SCHEDULE D PART X MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDE R THE GUIDANCE INCLUDED IN ASC 740 BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED A NY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENT S