

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COLLINS COMMUNITY CREDIT UNION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 10500

City or town, state or province, country, and ZIP or foreign postal code
CEDAR RAPIDS, IA 52410

D Employer identification number
42-0190489

E Telephone number
(319) 393-9000

G Gross receipts \$ 74,336,396

F Name and address of principal officer:
STEFANIE RUPERT
PO BOX 10500
CEDAR RAPIDS, IA 52410

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(14) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.COLLINSCU.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1940

M State of legal domicile: IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO DEVOTE OURSELVES TO FINANCIAL SUCCESS FOR ALL.

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)	3	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	376
6 Total number of volunteers (estimate if necessary)	6	10
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	111,571
7b Net unrelated business taxable income from Form 990-T, line 39	7b	-54,744

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	60,384,214	70,249,952
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,595,991	3,752,169
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,212	111,571
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,097,417	74,113,692
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	22,108,476	25,246,594
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,876,783	47,935,970
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	61,985,259	73,182,564
19 Revenue less expenses. Subtract line 18 from line 12	2,112,158	931,128
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,316,535,556	1,242,983,418
21 Total liabilities (Part X, line 26)	1,217,437,325	1,140,913,405
22 Net assets or fund balances. Subtract line 21 from line 20	99,098,231	102,070,013

Part II 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.

Sign Here

***** Signature of officer Date 2020-11-03

BENJAMIN WICKUM CHIEF FINANCIAL OFFICER Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00648440
Firm's name ▶ DOEREN MAYHEW			Firm's EIN ▶ 38-2492570	
Firm's address ▶ 305 WEST BIG BEAVER ROAD TROY, MI 48084			Phone no. (248) 244-3000	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO DEVOTE OURSELVES TO FINANCIAL SUCCESS FOR ALL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with multiple sections (2a-16) containing questions about employee reporting, tax returns, foreign accounts, prohibited transactions, and charitable contributions. Includes sub-sections for 7, 8, 9, 10, 11, and 13.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section 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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARSHA SCHULTE CHAIRPERSON	1.00	X					0	0	0	
(2) WILLIAM KOOISTRA FINANCIAL OFFICER	1.00	X					0	0	0	
(3) TOM MANOR BOARD MEMBER	1.00	X					0	0	0	
(4) LISA THOMPSON BOARD MEMBER	1.00	X					0	0	0	
(5) KARL CASSELL CREDIT CHAIRPERSON	1.00	X					0	0	0	
(6) JON BUSE VICE CHAIRPERSON	1.00	X					0	0	0	
(7) SUE NELSON AUDIT SECRETARY	1.00	X					0	0	0	
(8) JENNIFER RUPPERT AUDIT CHAIRPERSON	1.00	X					0	0	0	
(9) HEATHER FRIEDMAN SECRETARY	1.00	X					0	0	0	
(10) ECHO BATSON BOARD MEMBER	1.00	X					0	0	0	
(11) STEFANIE RUPERT PRESIDENT/CEO	40.00			X			440,106	0	48,431	
(12) BENJAMIN WICKUM CFO	40.00			X			249,909	0	40,195	
(13) JACK EMKES SENIOR VP	40.00				X		249,532	0	48,828	
(14) SCOTT FROST CHIEF LENDING OFFICER	40.00				X		189,009	0	45,384	
(15) JOHN LEWIS VP/IT AND FACILITIES	40.00				X		187,712	0	34,585	
(16) DANA GOSHON MORTGAGE LOAN OFFICER	58.00					X	295,101	0	48,876	
(17) AMBER MATSON MORTGAGE LOAN OFFICER	45.00					X	256,392	0	43,507	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS AXVIG MORTGAGE LOAN OFFICER	44.00					X		210,211	0	37,011
(19) SANDRA VAUGHAN SENIOR VP	40.00					X		164,290	0	24,770
(20) JASON BEARD MORTGAGE LOAN OFFICER	46.00					X		186,144	0	36,339

1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,428,406	0		407,926

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 **▶ 31**

	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>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

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
SAXTON 600 3RD ST SE STUDIO 300 CEDAR RAPIDS, IA 524012010	OFFICE FURNITURE & DESIGN	4,405,000
FISERV 75 REMITTANCE DRIVE STE 1649 CHICAGO, IL 606751649	CORE PROCESSOR	4,277,162
HUNTERS CONSRTUCTION PO BOX 1826 CEDAR RAPIDS, IA 52406	NEW BUILDING CONSTRUCTION	4,188,187
PLAIDSWAN PO BOX 1623 DUBUQUE, IA 52002	ADVERTISING	690,322
CDW PO BOX 75723 CHICAGO, IL 606755723	COMPUTER EQUIPMENT	564,078

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 **▶ 50**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f ▶				

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a INCOME ON LOANS		522100	48,845,007	48,845,007		
b FEES/CHARGES/OTHER INCOME		522100	21,404,945	21,404,945		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f. ▶			70,249,952			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		3,689,273			3,689,273		
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss) ▶							
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other	285,600				
			b Less: cost or other basis and sales expenses	7b	222,704			
			c Gain or (loss)	7c	62,896			
	d Net gain or (loss) ▶			62,896	62,896			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events ▶							
	9a Gross income from gaming activities. See Part IV, line 19	9a						
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities ▶							
	10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory ▶								
Miscellaneous Revenue	Business Code							
11a NON MEMBER ATM INCOME	900099		111,571		111,571			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶			111,571					
12 Total revenue. See instructions ▶			74,113,692	70,312,848	111,571	3,689,273		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,533,691			
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	18,668,255			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,463,015			
9 Other employee benefits	2,120,326			
10 Payroll taxes	1,461,307			
11 Fees for services (non-employees):				
a Management				
b Legal	245,982			
c Accounting	106,006			
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)	2,436,337			
12 Advertising and promotion	1,332,386			
13 Office expenses	2,005,267			
14 Information technology	2,443,425			
15 Royalties				
16 Occupancy	1,566,511			
17 Travel	72,593			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,735			
20 Interest	17,506,337			
21 Payments to affiliates	192,694			
22 Depreciation, depletion, and amortization	1,577,831			
23 Insurance	197,847			
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 PROVISION FOR LOAN LOSS	8,559,784			
b LOAN SERVICING	5,260,769			
c DEBIT AND CREDIT EXPENS	1,588,808			
d MISCELLANEOUS	749,807			
e All other expenses	2,082,851			
25 Total functional expenses. Add lines 1 through 24e	73,182,564			
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,691,401	1	10,487,935
	2 Savings and temporary cash investments	31,558,371	2	156,344,671
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	658,587	4	285,360
	5 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	10,787,224	5	14,213,566
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,142,173,449	7	920,948,583
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,266,810	9	4,112,905
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,562,964		
	b Less: accumulated depreciation	10b 18,289,579	19,988,816	10c 19,273,385
	11 Investments—publicly traded securities	63,581,358	11	60,760,826
	12 Investments—other securities. See Part IV, line 11	14,329,203	12	8,250,958
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,500,337	15	48,305,229
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,316,535,556	16	1,242,983,418	
Liabilities	17 Accounts payable and accrued expenses	13,742,504	17	13,416,316
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	225,000,000	23	25,491,620
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	978,694,821	25	1,102,005,469
	26 Total liabilities. Add lines 17 through 25	1,217,437,325	26	1,140,913,405
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	99,098,231	31	102,070,013
32 Total net assets or fund balances	99,098,231	32	102,070,013	
33 Total liabilities and net assets/fund balances	1,316,535,556	33	1,242,983,418	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	74,113,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,182,564
3	Revenue less expenses. Subtract line 2 from line 1	3	931,128
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,098,231
5	Net unrealized gains (losses) on investments	5	1,073,296
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	967,358
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	102,070,013

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 42-0190489

Name: COLLINS COMMUNITY CREDIT UNION

Form 990 (2019)

Form 990, Part III, Line 4a:

FINANCIAL DEPOSIT, LOAN AND SERVICE ACCOUNTS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
COLLINS COMMUNITY CREDIT UNION

Employer identification number
42-0190489

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor 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

6 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.

1 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

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to 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 No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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.

1a 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.

b 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 ▶ \$ _____

2 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:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,786,589		8,786,589
b Buildings		15,821,530	7,424,817	8,396,713
c Leasehold improvements		2,814,702	2,366,153	448,549
d Equipment		10,140,143	8,498,609	1,641,534
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				19,273,385

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,102,005,469

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-0190489

Name: COLLINS COMMUNITY CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE CREDIT UNION IS EXEMPT, BY STATUTE (IRC SECTION 501(C)(14), FROM FEDERAL AND STATE INCOME TAXES. THE CUSOS ARE ORGANIZED AS LIMITED LIABILITY COMPANIES (LLCS). 1150 PROPERTIES, LLC AND COLLINS HOLDING COMPANY, LLC HAVE BEEN ORGANIZED AS SINGLE-OWNER LLCS AND ARE CONSIDERED DISREGARDED ENTITIES FOR TAX PURPOSES.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLINS COMMUNITY CREDIT UNION

Employer identification number
42-0190489

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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 compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4	STEFANIE RUPERT (CEO) PARTICIPATES IN A 457(B) RETIREMENT PLAN TO WHICH SHE DEFERRED APPROXIATELY \$15,000 IN 2019. THE CREDIT UNION PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO THE STEPHANIE, RUPERT, BEN WICKUM, JACK EMKES, SCOTT FROST, SANDRA VAUGHN, AND JOHN LEWIS THROUGH AN ARRANGEMENT REFERRED TO AS A "COLLATERAL ASSIGNED SPLIT DOLLAR." AT SPECIFIED TIMES, THE PARTICIPANTS MAY BORROW FUNDS FROM THE CASH SURRENDER VALUE OF THE UNDERLYING LIFE INSURANCE POLICY TO SUPPLEMENT RETIREMENT INCOME. THESE DRAWS ARE TAX FREE FOR THE PARTICIPANTS. UPON THE PARTICIPANT'S DEATH THE CREDIT UNION RECOVERS ITS PREMIUMS PLUS INTEREST, PLUS KEY-PERSON INSURANCE PROCEEDS.

Additional Data

Software ID:

Software Version:

EIN: 42-0190489

Name: COLLINS COMMUNITY CREDIT UNION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEFANIE RUPERT PRESIDENT/CEO	(i)	357,542	56,758	25,806	25,200	23,231	488,537	0
	(ii)	0	0	0	0	0	0	0
1 BENJAMIN WICKUM CFO	(i)	224,819	25,090	0	20,698	19,497	290,104	0
	(ii)	0	0	0	0	0	0	0
2 JACK EMKES SENIOR VP	(i)	158,028	91,504	0	23,228	25,600	298,360	0
	(ii)	0	0	0	0	0	0	0
3 SCOTT FROST CHIEF LENDING OFFICER	(i)	159,384	18,068	11,557	17,232	28,152	234,393	0
	(ii)	0	0	0	0	0	0	0
4 JOHN LEWIS VP/IT AND FACILITIES	(i)	170,295	17,417	0	17,386	17,199	222,297	0
	(ii)	0	0	0	0	0	0	0
5 DANA GOSHON MORTGAGE LOAN OFFICER	(i)	117,661	177,440	0	23,632	25,244	343,977	0
	(ii)	0	0	0	0	0	0	0
6 AMBER MATSON MORTGAGE LOAN OFFICER	(i)	71,174	185,218	0	21,630	21,877	299,899	0
	(ii)	0	0	0	0	0	0	0
7 THOMAS AXVIG MORTGAGE LOAN OFFICER	(i)	60,263	149,721	227	17,738	19,273	247,222	0
	(ii)	0	0	0	0	0	0	0
8 SANDRA VAUGHAN SENIOR VP	(i)	148,120	16,170	0	14,528	10,242	189,060	0
	(ii)	0	0	0	0	0	0	0
9 JASON BEARD MORTGAGE LOAN OFFICER	(i)	54,558	131,586	0	17,416	18,923	222,483	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization COLLINS COMMUNITY CREDIT UNION	Employer identification number 42-0190489
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												
Total						\$ 14,213,566						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:	(A) NAME OF PERSON: RICHARD BENHART(B) RELATIONSHIP WITH ORGANIZATION: PRESIDENT/CEO(C) PURPOSE OF LOAN: INSURANCE PREMIUM(A) NAME OF PERSON: STEFANIE RUPERT(C) PURPOSE OF LOAN: INSURANCE PREMIUM(A)NAME OF PERSON: RICHARD BENHART(B)RELATIONSHIP WITH ORGANIZATION: PRESIDENT/CEO(C)PURPOSE OF LOAN: INSURANCE PREMIUM(A) NAME OF PERSON: STEFANIE RUPERT(C) PURPOSE OF LOAN: INSURANCE PREMIUM(A)NAME OF PERSON: SCOTT FROST(B)RELATIONSHIP WITH ORGANIZATION: CHIEF LENDING OFFICER(C)PURPOSE OF LOAN: INSURANCE PREMIUM(A)NAME OF PERSON: SANDRA VAUGHAN(B)RELATIONSHIP WITH ORGANIZATION: SENIOR VICE PRESIDENT(C) PURPOSE OF LOAN: INSURANCE PREMIUM(A) NAME OF PERSON: JACK EMKES(B) RELATIONSHIP WITH ORGANIZATION: SENIOR VICE PRESIDENT(C) PURPOSE OF LOAN: INSURANCE PREMIUM(A)NAME OF PERSON: BEN WICKUM(B)RELATIONSHIP WITH ORGANIZATION: CHIEF FINANCIAL OFFICER(C)PURPOSE OF LOAN: INSURANCE PREMIUM
FORM 990, SCH L, PART II	THE CREDIT UNION PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS THROUGH AN ARRANGEMENT REFERRED TO AS A "COLLATERAL ASSIGNED SPLIT DOLLAR." ALTHOUGH THE IRS REQUIRES REPORTING IN PART II AS A LOAN TO AN INTERESTED PARTY, THIS IS NOT AN ACTUAL LOAN. THERE IS NO TRANSFER OF FUNDS TO THE PARTICIPANTS NOR AN OBLIGATION TO REPAY THE FUNDS. INSTEAD THE CREDIT UNION RECOVERS ANY OUTLAYS, PLUS INTEREST, FROM THE UNDERLYING POLICY. THAT IS, THE CREDIT UNION DEPOSITS FUNDS DIRECTLY INTO A LIFE INSURANCE POLICY TO ENSURE REPAYMENT. AT SPECIFIED TIMES, THE PARTICIPANTS MAY BORROW FUNDS FROM THE CASH SURRENDER VALUE OF THE POLICY TO SUPPLEMENT RETIREMENT INCOME. THE BORROWINGS ARE MONITORED TO ENSURE THE POLICY WILL PAY A DEATH BENEFIT AT LEAST SUFFICIENT TO COVER THE CREDIT UNION'S OUTLAYS PLUS INTEREST. ANY REMAINING DEATH BENEFITS ARE DIVIDED BETWEEN THE CREDIT UNION AND THE PARTICIPANT'S BENEFICIARIES AS AGREED UPON.

Additional Data

Software ID:

Software Version:

EIN: 42-0190489

Name: COLLINS COMMUNITY CREDIT UNION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) BEN WICKUM	CFO	TO FUND LIFE INSURANCE POLICY		X	1,152,448	1,152,448		No	Yes		Yes	
(1) BRUCE TAYLOR	CONSUMER LENDING DIRECTOR	TO FUND LIFE INSURANCE POLICY		X	949,100	949,100		No	Yes		Yes	
(2) JACK EMKES	SENIOR VP-MEMBER ENGAGEMENT	TO FUND LIFE INSURANCE POLICY		X	1,611,055	1,611,055		No	Yes		Yes	
(3) JOHN LEWIS	VP-IT & FACILITIES	TO FUND LIFE INSURANCE POLICY		X	893,199	893,199		No	Yes		Yes	
(4) RICK BENHART	RETIRED CEO	TO FUND LIFE INSURANCE POLICY FOR DEFFERED COMPENSATION PLAN		X	3,405,056	3,405,056		No	Yes		Yes	
(5) RICK BENHART	RETIRED CEO	TO FUND LIFE INSURANCE POLICY FOR DEFFERED COMPENSATION PLAN		X	980,000	980,000		No	Yes		Yes	
(6) SANDRA VAUGHAN	SENIOR VP-ERM	TO FUND LIFE INSURANCE POLICY		X	989,215	989,215		No	Yes		Yes	
(7) SCOTT FROST	CHIEF LENDING OFFICER	TO FUND LIFE INSURANCE POLICY		X	1,139,060	1,139,060		No	Yes		Yes	
(8) STEFANIE RUPERT	CEO	TO FUND LIFE INSURANCE POLICY		X	2,594,433	2,594,433		No	Yes		Yes	
(9) TRACEY KOENIG	VP-OPERATIONS	TO FUND LIFE INSURANCE POLICY		X	500,000	500,000		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

COLLINS COMMUNITY CREDIT UNION

Employer identification number

42-0190489

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	THE CREDIT UNION HAS FOUR CUSOS. COLLINS HOLDING COMPANY CUSO, LLC IS THE HOLDING COMPANY THAT ALL OF THE OTHER CUSOS ROLL UP TO. NORTHTOWNE MARKET LOT 7, LLC OWNS THE HQ BUILDING BEING BUILT ON BLAIRS FERRY ROAD. THE HOLDING COMPANY OWNS 75% OF THAT ENTITY. COLLINS LOAN SERVICES CUSO, LLC IS AN ORIGINATOR AND SERVICER OF COMMERCIAL LOANS, PRIMARILY CRE LOANS. COLLINS INSURANCE CUSO, LLC IS A LICENSED INSURANCE AGENCY SELLING PRIMARILY PROPERTY & CASUALTY INSURANCE COVERING THE HOMES AND AUTOS OF THE MEMBERS OF THE CREDIT UNION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	EFFECTIVE SEPTEMBER 1, 2019, THE CREDIT UNION COMPLETED AN ACQUISITION OF VILLAGE CREDIT UNION AS PART OF THEIR GROWTH STRATEGY. THE FAIR VALUE OF THE ASSETS ASSUMED APPROXIMATED \$16,665,000 WHILE THE FAIR VALUE OF LIABILITIES ASSUMED APPROXIMATED \$15,073,000. AS A RESULT OF THE MERGER THE CREDIT UNION'S BYLAWS WERE UPDATED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE CREDIT UNION HAS INTERNAL AND EXTERNAL MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERSHIP ELECTS THE BOARD MEMBERS AT THE CREDIT UNION'S ANNUAL MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS HAVE THE RIGHTS AND THE RESPONSIBILITY TO APPROVE THE ORGANIZATION'S MINUTES DURING THE ANNUAL MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM WILL BE REVEIWED BY THE PRESIDENT/CEO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW EMPLOYEES AND BOARD OF DIRECTORS MUST READ AND SIGN A CREDIT UNION BRIBERY POLICY THAT OUTLINES EMPLOYEE AND DIRECTOR CODE OF CONDUCT AND REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S PERFORMANCE IS REVIEWED ANNUALLY BY THE BOARD. THE BOARD THEN SETS A REASONABLE COMPENSATION FOR THE CEO BASED ON HIS PERFORMANCE REVIEW. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS THEN DETERMINED BY THE CEO BASED ON PERFORMANCE REVIEWS AND COMPETITORS COMPARISONS. THE CEO USES CREDIT UNION NATIONAL ASSOCIATION (CUNA) WAGES SURVEYS, OTHER MARKET SURVEYS AND 990 REPORTS FROM COMPARABLE ORGANIZATIONS WHEN DETERMINING COMPENSATION OF THE OTHER OFFICERS AND KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CREDIT UNION RELEASES ITS ANNUAL FINANCIAL STATEMENTS TO ALL OF ITS MEMBERS AND EMPLOYEES AT THE ANNUAL MEETING. THE ORGANIZATION'S ANNUAL REPORT AS WELL AS A COPY OF THE MOST UPDATED CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS IS AVAILABLE TO MEMBERS AND THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL EXPENSES 2,436,337.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RECLASSIFICATION FOR LOSSES INCLUDED IN NET INCOME - DEFINED BENEFIT PLAN 173,498. UNREALIZED LOSS INCURRED DURING THE PERIOD - DEFINED BENEFIT PLAN -1,213,532. UNREALIZED GAIN INCURRED DURING THE PERIOD - POSTRETIREMENT PLAN 441,542. RECLASSIFICATION FOR LOSSES INCLUDED IN NET INCOME - POSTRETIREMENT PLAN -34,508. EQUITY ACQUIRED IN BUSINESS COMBINATION 1,592,158. CAPITAL CONTRIBUTIONS 8,200.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE CREDIT UNION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLINS COMMUNITY CREDIT UNION

Employer identification number

42-0190489

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) 1150 PROPERTIES LLC 1150 42ND ST NE CEDAR RAPIDS, IA 52402 42-0190489	PROPERTY MANAGEMENT, SERVICES FOR SELECT PROPERTIES	IA	477,943	60,995,437	COLLINS COMMUNITY CU

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation