DLN: 93493259002159 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 Open to Public Department of the ▶ 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 C Name of organization D Employer identification number B Check if applicable Florida Credit Union ☐ Address change 59-0773154 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite □ Application pending (352) 377-4141 City or town, state or province, country, and ZIP or foreign postal code Gainesville, FL $\,$ 326275549 $\,$ G Gross receipts \$ 72,802,021 Name and address of principal officer H(a) Is this a group return for Wendy Koford □Yes ☑No subordinates? PO Box 5549 H(b) Are all subordinates Gainesville, FL 326275549 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 4947(a)(1) or If "No," attach a list (see instructions) 501(c) (14) ◀ (insert no) **H(c)** Group exemption number ▶ Website: ▶ www flcu org L Year of formation 1950 M State of legal domicile FL Summary 1 Briefly describe the organization's mission or most significant activities Credit Union with income from credit union membership and from investments of member funds provide the foundation from which the organization can function and provide service to its restricted membership Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 335 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 427,288 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 63,756,703 73,488,091 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . -26,662 697,675 48,890 41,615 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 63,778,931 74,227,381 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 18,059,144 19,646,934 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 32,983,502 38,942,004 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 51,042,646 58,588,938 19 Revenue less expenses Subtract line 18 from line 12 . 12,736,285 15,638,443 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 975,234,572 1,110,685,305 995,926,966 21 Total liabilities (Part X, line 26) . 876,114,677 114,758,339 22 Net assets or fund balances Subtract line 21 from line 20 . 99.119.895 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 2019-09-13 Signature of officer Sign Here Wendy Koford SVP Finance/CFO Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form	990 (2018)				Page 2
1. Birefly describe the organization's mission Income from credit union membership and from investment of member funds provide the foundation from which the organization can function and provide service to its restricted membership and from investment of member funds provide service to its restricted membership and from investment of member funds provide service to its restricted membership and from investment of member funds provide service to its restricted membership or form 990 or 990-E27	Pa	rt III Statem	nent of Program Service Acc	omplishments		
Ac (Code) (Expenses 5 including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)		Check If	Schedule O contains a response or	note to any line in this Part III		🗆
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	1	Briefly describe	the organization's mission			
the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O 3				nent of member funds provide the fo	undation from which the organiz	zation can function and
Jif "Yes," describe these new services on Schedule O Jul the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organiza	ation undertake any significant prog	ram services during the year which w	were not listed on	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		the prior Form 9	990 or 990-EZ?			🗌 Yes 🗹 No
services? If "Yes," describe these changes on Schedule O 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 \$) Code) (Expenses \$ including grants of \$) (Revenue \$) According to the program service of the amount of grants and allocations to others, the total expenses of the program service of the amount of grants and allocations to others, the total expenses of the program service of the amount of grants and allocations to others, the total expenses of the program service of the program of the program service of the program service of the program service of the program service of the program of the program service of the program of the program service of the program of the program of the program service of the program of the pro	1 Incomprovid 2 3 4 4a 4b	If "Yes," describ	oe these new services on Schedule	0		
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section SOL(c)(a) and SOL(c)(b) anginizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported Code	3	Did the organiza	ation cease conducting, or make sig	nificant changes in how it conducts,	any program	
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						☐ Yes 🗹 No
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	4	Describe the org Section 501(c)(ganization's program service accom 3) and 501(c)(4) organizations are	required to report the amount of gra		
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$)	4a	(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 \$)		•			, (,
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)		-				
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)						
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)						
	4d			rante of d	(Povonuo d)
		• •		1alits 01 \$)	(Nevellue \$,

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Pa	rt 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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I "	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🥞	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔁	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?	112	Yes	

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

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

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

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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)

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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

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

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

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

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

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

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

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

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

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

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 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 Nο 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 Yes 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

Nο

Nο

Nο

Nο

Nο

Nο

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Nο

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12b

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14a

14b

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20a

20b

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Yes

orm 9	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 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)			ı
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
	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
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	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
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	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
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
7	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
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pari	·			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ì

1c

Yes

11a

11b

12b

13b

13c

12a

13a

14a

14b

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No

Nο

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a Gross income from members or shareholders .

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Is the organization licensed to issue qualified health plans in more than one state?

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

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

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

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		onse to	lines					
Se	ection A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 7								
	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 7								
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	3		No						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	_	No					
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . 14 Yes 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? 15a

Yes 15b 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 16a Nο b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 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 only) available for public inspection. Indicate how you made these available. Check all that apply ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20

►Mark Starr CEO 1615 NW 80th Blvd Gainesville, FL 32606 (352) 377-4141

SVP of Commercial Lending

VP Information Services

(14) Kırk Becker

(15) Byron Zonin

AVP of Mortgages

(16) Wesley Colson

Part VII

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0

31.333

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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"

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

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

of reportable compensation from the organization	n and any relate	ad orgai	nızatı	ons						
• List all of the organization's former director organization, more than \$10,000 of reportable co										
List persons in the following order individual trus	•		-					-		
compensated employees, and former such person									-	
Check this box if neither the organization no	1	ganızat T	ion c			ated a	any c		1	!
(A) Name and Title	(B) Average hours per week (list any hours	pers	an one	ne bo both	ot che ox, u h an or/tru	unless office rustee)	er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- (W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) Dr Jacquiline Hart Director	0 00	x						o	0	0
(2) Dr Barbara Buys Director	0 00	x						0	0	0
(3) Alfred Peoples Chair	0 00	x						0	0	0
(4) Lynn Jones Vice-Chair	0 00	x						0	0	0
(5) Judy Johnson Director	0 00	×						0	0	0
(6) William Hopgood Board Treasurer	0 00	x						0	0	0
(7) Andrew Sutherland Board Secretary	0 00	x						0	0	0
(8) Mark Starr President/CEO	40 00			x				604,177	0	262,964
(9) Wendy Koford SVP Finance/CFO	40 00			x				226,938	0	51,973
(10) David Eckardt SVP Operations/COO	40 00			x				269,339	0	114,669
(11) Thomas Beck SVP IS/CTO	40 00			x				213,303	0	63,602
(12) Christine Suarez-Jenkins SVP Lending/CLO	40 00			x				228,402	0	42,015
(13) Evan Pitts	40 00			П	x			188,138	0	50,326

VP Member Solutions 40 00 (17) Gregory Purvis Х 108.664 0 34.209 VP Consumer Lending Form **990** (2018)

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Name and Title

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

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Form **990** (2018)

		hours per week (list any hours			ın of	ffice	randa		fro organiz	ensation m the ation (W-	from relate organization	d ns	compen from	sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/109	9-MISC)	(W- 2/1099 MISC)	,-	organizat relat organiz	:ed
(18)	Beatrice Cherry	40 00					×			100,539		0		27,195
VP M	arketing									100,555				
1b	Sub-Total				<u>. </u>	1	<u> </u>	<u> </u>						
	Total from continuation sheets to Part \					1	▶ 🗀							
d	Total (add lines 1b and 1c)		<u> </u>			1	>		2,31	5,403		0		742,534
2	Total number of individuals (including bu of reportable compensation from the org		those li	sted :	abov	ve) v	who re	ceiv	ed more	than \$100	,000			
													Yes	No
3	Did the organization list any former offic							_			nployee on			
	line 1a? If "Yes," complete Schedule J for											3		No
4	For any individual listed on line 1a, is the organization and related organizations gr										ne			
	ındıvıdual		•		•	-	•					4	Yes	
5	Did any person listed on line 1a receive of services rendered to the organization? If											5		No
	ection B. Independent Contractors	<u> </u>										_		- 110
1	Complete this table for your five highest from the organization Report compensat	compensated in										npen	sation	
	Name and	(A) business address								Docernt	(B)		(C	
Willia	ams Gautier Law Firm	Dualitess duuress							At	torneys	ion of services		Comper	234,770
	ox 4128													
	hassee, FL 32315 nwide Appraisal Network LLC								Δn	praisal Servi	res			202,225
itual	ATTITUDE TO PERSON THE CONTRACT CONTRAC								ام	praisar servi				202,223

(C)

Position (do not check more

(D)

Reportable

Repossesion Firm

Attorneys

Reportable

(B)

Average

250 Pine Ave Suite A Oldsmar, FL 34677 Family Recovery Services LLC PO Box 916

Archer, FL 32618 Sorenson Van Leuven Law Firm PO Box 3637 Tallahassee, FL 32315 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 ▶ 4

		(2018)										Page 9
Part	VIII							B				
		Check if Schedul	e O contains :	a respo	onse or r	note to any	(/		Rela ex fur	(B) ated or tempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
. s	18	Federated campaign	ns	1a								
ant and		b Membership dues .		1 b								
<u> </u>	۱,	c Fundraising events		1c								
\$. ₹	١,	d Related organization	ns	1d								
Contributions, Gifts, Grants and Other Similar Amounts	١,	e Government grants (co	ontributions)	1e								
Contributions, Gifts, Grants and Other Similar Amounts	١,	f All other contributions,	gifts, grants,									
ë S		and similar amounts no above		1f								
ള	١,	g Noncash contribution	ons included									
		ın lınes 1a - 1f \$										
ರಿ ಕ		h Total. Add lines 1a-	·1f	•		. •						
1 .						Business	Code					
- Juli	2 a	Mechanical Breakdown					522291	34	45,111		345,1	11
.¥	b	ATM Surcharges					525990	•	40,562		40,5	562
Service Revenue												
er vi	c d											
S L	u e											
Program	_	All other program sei	rvice revenue					73,10	02,418	73,102	,418	
Po		Total. Add lines 2a-2			•	73,4	88,091					
		Investment income (ir			nterest	and other	1		Т			
	9	similar amounts) .				•	<u> </u>	1,913,845	5	1,913,845		
		Income from investme			ond proc	eeds >						
	5	Royalties				. •						
	6a	Gross rents	(ı) Rea		(11) 1	Personal						
	-	1 Gross remes		60,758								
	b	Less rental expenses	-	19,143								
		: Rental income or		41,615			1					
		(loss)		,								
	C	Net rental income or						41,615	5		41,615	
	_	Cross amount	(ı) Securit	ies	(11)	Other						
	/a	Gross amount from sales of				190,047						
		assets other than inventory										
	ь	Less cost or					1					
		other basis and sales expenses				-1,406,217						
		Gain or (loss)				-1,216,170	ļ					
		Net gain or (loss) .				•	ļ	-1,216,170	1	-1,216,170		
e	Ва	i Gross income from fu (not including \$		ents of								
₩		contributions reporte See Part IV, line 18		_1								
eve	L	Less direct expenses		a b								
r R		: Net income or (loss)			ents .]					
Other Revenue		Gross income from g	amıng actıvıtı	-		· •	1					
0		See Part IV, line 19		_ 1								
	H	Less direct expenses	-	a b								
		: Net income or (loss)			les .	· •]					
		Gross sales of invent										
		returns and allowanc	es	_1								
	.	Less cost of goods s	ماط	a b			-					
							J					
	_	Net income or (loss) Miscellaneous		mvent		ess Code						
	11	.a					1					
	b	,										
	c	:										
	d	All other revenue .										
	e	Total. Add lines 11a	-11d			>						
	12	Total revenue. See	Instructions					74.0====		70.000		
								74,227,381	-1	73,800,093	427,288	Form 990 (2018)

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

orr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anizations must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .		· · · · ·	<u>, ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,315,846			
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	13,099,834			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,451,275			
9	Other employee benefits	1,688,495			
10	Payroll taxes	1,091,484			
11	Fees for services (non-employees)				
a	Management				
ı	Legal	660,700			
	Accounting	101,640			
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	3,731,944			
13	Office expenses	5,067,726			
14	Information technology				
15	Royalties				
16	Occupancy	1,409,556			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	593,549			
20	Interest	9,121,412			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,163,619			
23	Insurance	282,233			
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	7,920,500			
	b Prof and Outside Servic	3,768,351			
	c Loan Servicing	3,693,092			
	d Operating Fees	171,240			
	e All other expenses	256,442			
25	Total functional expenses. Add lines 1 through 24e	58,588,938			
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)				

	1	Cash-non-interest-bearing			6,582,490	1	4,977,369
	2	Savings and temporary cash investments .			76,790,348	2	91,460,600
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			7,824,195	4	6,648,565
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete	140,550	5	180,937	
s	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L. Notes and loans receivable, net	rsons (as defined under (c)(3)(B), and if section 501(c)(9) structions) Complete	841,092.187	6	963,961,356	
ssets	8	· ·			0 11,002,107	8	000,001,000
S	°	Inventories for sale or use		1			<u> </u>
	9	Prepaid expenses and deferred charges			8,590,746	9	8,871,541
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	47,014,546			
	ь	Less accumulated depreciation	10b	27,111,086	20,998,070	10 c	19,903,460
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV line	11 .		1.413.900	12	1.515.300

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

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 .

Form 990 (2018)

13 Investments-program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 . 16 Total assets. Add lines 1 through 15 (must equal line 34) . Accounts payable and accrued expenses 17 18 Grants payable . .

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 ightharpoonup and

13

14

15

16

17

18

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21

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24

25

26

27 28

29

31

32

33

34

0 30

99,119,895

99,119,895

975,234,572

13,166,177

15,321,612

43.292

1,190,399

15,000,000

964.371.663

995.926.966

114,758,339

114,758,339

1,110,685,305

Form **990** (2018)

1.110.685.305

11.802.086

975.234.572

17,347,860

61.542

1.033.509

15,000,000

842.671.766

876.114.677

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: 59-0773154

Name: Florida Credit Union

Form 990 (2018)

Form 990, Part III, Line 4a:

Income from credit union membership and from investment of members funds provide the foundation from which the organization can function and provide service to its restricted membership

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

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

DLN: 93493259002159 OMB No 1545-0047

2018

Inspection

Employer identification number

Flor	ıda Credit Union				59-0773154	
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Ot	her	Similar Funds o		-
	Complete if the organization answered "Ye					
		(a) Donor	advı	sed funds	(b)Funds and other accounts	_
•	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
ļ	Aggregate value at end of year					
i	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex	rs in writing that the clusive legal control	e ass	ets held in donor ad	dvised funds are the	
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Par	rt III Conservation Easements. Complete if th	ie organization ar	iswe	red "Yes" on Forr		-
	Purpose(s) of conservation easements held by the organ					_
	Preservation of land for public use (e.g., recreation	or education)		Preservation of an	historically important land area	
	Protection of natural habitat	,	П		certified historic structure	
	Preservation of open space			Treservation of a t	certified filstoffe structure	
	' '				6	
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservati	on co	ntribution in the for	Held at the End of the Year]
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified historic	c structure included	ın (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, a	nd n	ot on a historic	2d]
1	Number of conservation easements modified, transferre tax year ▶	d, released, extingu	ıshe	i, or terminated by	the organization during the	
ŀ	Number of states where property subject to conservation	n easement is locat	ed ►			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitorii 32	ng, ir	spection, handling	of violations, Yes No	
•	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vio	latio	ns, and enforcing co	onservation easements during the year	
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violatio	ns, a	nd enforcing conser	vation easements during the year	
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)($\mbox{\scriptsize II}$)?	above satisfy the re	equir	ements of section 1	70(h)(4)(B)(ı) ☐ Yes ☐ No	
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	ın ıt: anıza	revenue and expe tion's financial state	nse statement, and ements that describes	
ar	t III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historica			er Similar Assets.	-
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, ed	lucat	ion, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$	
	i)Assets included in Form 990, Part X				·	
, ('	If the organization received or held works of art, historic	cal treasures or oth	er su	nilar assets for fina	ncial gain, provide the	
<u>.</u>	following amounts required to be reported under SFAS 1				meiai gain, provide die	
а	Revenue included on Form 990, Part VIII, line 1				▶ \$	
h	Assets included in Form 990 Part X				▶ \$	

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	aintaining Col	lections o	of Art, H	istori	cal Tr	reasu	res, o	Other	Similar A	ssets (c	ontını	ued)	
3		ing the organization's acqums (check all that apply)	uisition, accession	n, and other	records,	check a	ny of	the fol	llowing t	hat are a	sıgnıfıcant	use of its	collec	tion:	
а		Public exhibition				d		Loan	or exch	ange prog	ırams				
Ь		Scholarly research				е		Other	-						
С		Preservation for future	generations												
4		ovide a description of the o	organization's col	lections and	l explain h	ow the	y furth	ner the	organiz	ation's ex	kempt purp	ose in			
5		ring the year, did the orga sets to be sold to raise fun									ular	☐ Yes	.	□ No	D
Pa	rt I\	Escrow and Custo Complete if the org X, line 21.			" on Forr	n 990,	, Part	IV, lıı	ne 9, o	r reporte	ed an amo	unt on Fo	orm 9	990, 1	Part
1a		the organization an agent, luded on Form 990, Part >		an or other	ıntermedia	ary for	contril	butions	s or othe	er assets I	not	☐ Yes	; [☑ No	o
ь	If'	"Yes," explain the arrange	ment in Part XIII	and comple	ete the foll	lowina	table					Amount			-
c		ginning balance								1c					_
d		ditions during the year								1d					_
е		stributions during the year	-							1e					_
f		ding balance								1f					-
٦-		-	F-	000 D	+ V 3	14 E			ا ـ اـ اـ اـ ـ ـ		. L. J. L 3			□ No	_
2a		the organization include											, L	No	D
		'Yes," explain the arrange													
Pa	rt V	Endowment Fund	is. Complete if	tne organ (a)Curren							t IV, line (d)Three ye		(a)Fai	ır year:	a back
1a	Beau	nning of year balance .		(a)Curren	it year	(6)	ior yea	' 	(C)TWO y	ears Dack	(d) Tillee ye	ars Dack	(e)rou	ıı year:	S Dack
	-	tributions						-							
		investment earnings, gain	se and losses					-							
		nts or scholarships													
	Othe	er expenditures for facilitie programs													
f	Adm	inistrative expenses .													
g	End	of year balance													
2	Pro	ovide the estimated percer	ntage of the curre	ent vear end	balance ((line 1d	ı. coluı	mn (a)) held a	s	I	I			
_ a		ard designated or quasi-ei		, , , , , , , , , , , , , , , , , , , ,	,	(,,	(=)	,,						
b	Per	rmanent endowment >													
c	Ter	mporarily restricted endov	vment ▶												
·		e percentages on lines 2a,		ld equal 100	0%										
3а	Are	e there endowment funds ganization by				on that	are h	eld and	d admın	stered fo	r the		Γ,	Yes	No
	(i)	unrelated organizations										За	(i)		
	(ii)) related organizations .										3a	(ii)		
b		'Yes" on 3a(II), are the rel	_					?.				. 3	b		
4	De	scribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds								
Pa	rt V:	Land, Buildings, Complete of the organization			" on Forn	n 990,	, Part	IV, lu	ne 11a.	See For	rm 990, Pa				
	Des	cription of property	(a) Cost or oth (investme		(b) Cost o	or other	basıs (d	other)	(c) Acc	umulated o	lepreciation	(6	I) Bool	k value	•
1a	Land						6,29	92,513						6	,292,513
		dings						22,145			3,824,797				,597,348
		sehold improvements						55,467			1,144,224				721,243
		pment						37,548			21,609,382				,228,166

64,190

19,903,460

532,683

596,873

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

Part VII Investments—Other Securities. Complete if the organiz	ation answe	Page ered "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	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives	value	,
(2) Closely-held equity interests		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
	•	
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 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 Fo	orm 990 Bart	TV line 11d See Form 990 Part V line 15
(a) Description	990, Fait	(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 Forr	
See Form 990, Part X, line 25. 1. (a) Description of liability	(b) Boo	ok value
(1) Federal income taxes		
Member Deposits Non-Member Share Accounts		900,045,663 64,326,000
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶		964,371,663
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footno		

Schedule D (Form 990) 2018

FG		ization answered 'Yes' on Form 990, Pari		•	Cluiii	
1	•	upport per audited financial statements .			1	
2	Amounts included on line 1 but n	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🛭 .	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b		· · ·		4c	
5	Total revenue Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem			Retur	n.
	•	ization answered 'Yes' on Form 990, Pari			1	T
1	·	dited financial statements			-	
2	Amounts included on line 1 but n	, ,	۱ ـ	ı		
а		ities	2a			
b	· •		2b			
с			2c		_	
d			2d			
е -					2e	
3					3	
4	· ·	Part IX, line 25, but not on line 1:		1		
a	•	d on Form 990, Part VIII, line 7b	4a			
b	,		4b		_	
С					4c	
5		4c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and s 2d and 4b Also complete this part to provide			rt V, line	4, Part X, line 2, Part
	Return Reference		Ex	planation		
See A	Addıtıonal Data Table					

Page **4**

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

Name: Florida Credit Union

EIN: 59-0773154

Supplemental Information

Return Reference

Explanation

Escrow for Tax and Insurance on Members Mortgage and Commercial Loans

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	Effective January 1, 2009, the Credit Union implemented the new accounting requirements as sociated with uncertainty in income taxes using the provisions of Financial Accounting Sta ndards Board (FASB) ASC 740, Income Taxes The guidance prescribes a minimum recognition threshold and measurement methodology that a tax position taken or expected to be taken in a tax return is required before being recognized in the financial statements. It also provides guidance for derecognition, classification, interest, and penalties, accounting in interim periods, disclosure, and transition. As of September 30, 2018, the Credit Union has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. With few exceptions, the Credit Union is no longer subject to US federal I

ncome tax examinations by tax authorities for years before 2014

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19325	9002	159
Sch	nedule J	Co	mpensati	ion Information	00	1B No	1545-0	0047
(For	m 990)	For certain Office		rustees, Key Employees, and Hig	hest	•		
		► Complete if the orga	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2 0	18	3
Denar	tment of the Treasury	▶ Go to www.irs.aov		i to Form 990. instructions and the latest infori			to Pul	
Intern	al Revenue Service		,			Insp	ectio	n
	me of the organiza Ida Credit Union	ation			Employer identificat	ion nu	ımber	
					59-0773154			
Pa	rt I Questi	ons Regarding Compensat	ion				V	NI -
1a				f the following to or for a person liste y relevant information regarding the			Yes	No_
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			
		nification and gross-up payments	닏	Health or social club dues or initiati				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b		
2				or allowing expenses incurred by all r, regarding the items checked in line	0.152	2		
	directors, truste	es, officers, including the CEO/E	Recutive Director	r, regarding the items checked in line	e lar			
3	organization's C	EO/Executive Director Check all	that apply Do r	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant	<u> </u>	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	ation committee			
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	filing organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a		No
b		r receive payment from, a supple		ified retirement plan?		4b	Yes	
С	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		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		A, line 1a, did	the organization pay or accrue any				
а	The organization	٦٦				5a		
b	Any related orga					5b		
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	A, line 1a, did	the organization pay or accrue any				
а	The organization					6 a		
b	Any related orga					6b		
_	•	6a or 6b, describe in Part III						
7	payments not d	escribed in lines 5 and 6? If "Yes,	," describe in Pa		De	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 5 53 4958-6(c)?	8, did the organization also follov	v the rebuttable	presumption procedure described in	Regulations section	9		
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No	50053T Schedule J	(Form	1990)	2018

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 (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns other deferred benefits column (B) reported (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Mark Starr 497,348 (i) 94,672 12,157 239,747 23,217 867.141 President/CEO 0 0 0 0 0 0 (ii) 2 Wendy Koford 183,305 (i) 43,633 0 44,208 7,765 278,911 0 SVP Finance/CFO 0 0 0 0 0 0 0 (ii) 3 David Eckardt 213,608 (i) 51,923 3,808 93,806 20,863 384,008 0 SVP Operations/COO 0 0 0 0 0 0 0 (ii) 4 Thomas Beck 173,583 (i) 39,022 698 46,541 17,061 276,905 0 SVP IS/CTO 0 0 0 0 0 0 0 (ii) 5 Christine Suarez-Jenkins 177,535 (i) 42,924 7,943 37,593 4,422 270,417 0 SVP Lending/CLO 0 0 0 0 0 0 0 (ii) 6 Evan Pitts 153,018 (i) 35,120 0 44,431 5,895 238,464 0 SVP of Commercial Lending 0 0 0 0 0 0 0 (ii) 7 Kırk Becker 121,817 (i) 0 5,617 19,329 12,004 158,767 0 VP Information Services 0 0 0 0 0 0 (ii) 8 Byron Zonin 106,916 (i) 0 9,797 0 12,100 32,192 161,005 AVP of Mortgages 0 0 0 0 0 0 0 (ii) 85,309 9 Wesley Colson (i) 38,765 5,379 14,544 7,715 151,712 0 VP Member Solutions 0 0 0 0 0 0 0 (ii)

ichedule J (Form 990) 2018										
Part III Supplemental Inform	nation									
Provide the information, explanation, or	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 3	Florida Credit Union purchases 3rd party salary surveys of competitve industries based on asset size									

Return Reference	Explanation
Part I, Line 4b	Mark Starr, 549,077 41 David Eckhardt 217,789 05

2018 Schedule 1

Additional Data

Byron Zonin AVP of Mortgages

Wesley Colson VP Member Solutions (1)

(1)

(11)

106,916

85,309

12,100

38,765

			Software ID:						
			Software Version:						
			EIN:	59-0773154					
			Name:	Florida Credit Union					
Form 990. Schedule	J.	Part II - Officers. D	irectors, Trustees, K	ev Employees, and I	Highest Compensate	ed Employees			
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
Mark Starr President/CEO	(1)	497,348	94,672	12,157	239,747	23,217	867,141	0	
	(11)	0	0	0	0	0	0	0	
Wendy Koford SVP Finance/CFO	(ı)	183,305	43,633	0	44,208	7,765	278,911	0	
3VI Tilldilice, ci o	(11)	0	0	0	0	0	0	0	
David Eckardt SVP Operations/COO	(1)	213,608	51,923	3,808	93,806	20,863	384,008	0	
SVF Operations/COO	(11)	0	0	0	0	0	0	0	
Thomas Beck SVP IS/CTO	(1)	173,583	39,022	698	46,541	17,061	276,905	0	
3VF 13/C10	(11)	0	0	0	0	0	0	0	
Christine Suarez-Jenkins SVP Lending/CLO	(1)	177,535	42,924	7,943	37,593	4,422	270,417	0	
3VF Lending/CLO	(11)	0	0	0	0	0	0	0	
Evan Pitts SVP of Commercial Lending	(1)	153,018	35,120	0	44,431	5,895	238,464	0	
SVP of Commercial Lending	(11)	0				0			
Kırk Becker VP Information Services	(1)	121,817	0	5,617	19,329	12,004	158,767	0	
VP Information Services	(11)	0							
i	``''/		1	ļ <u>U</u>	1 0	ļ	0	<u> </u>	

5,379

32,192

14,544

9,797

7,715

161,005

151,712

	C print - DO N	OT PROCES	S As F	iled Data -					DL	N: 93	<u>4932</u>	5900	2159
Schedule L (Form 990 or 990	-EZ) ► Comple			ns with li				5a, 2	5b, 26	OMB No 1545-0047			
			28b, or 2	8c, or Form 99 ich to Form 99	0-EZ, Part V	, line 38a or		,			2018		
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Department of the Trea Internal Revenue Servi	II									C)pen	to Pu sectio	
Name of the orga							Er	nploy	er ide	ntifica			
Florida Credit Unior	1						59	-077	3154				
	ss Benefit Tra						rganıza	tions	only)				
	lete if the organiz) Name of disqual			s" on Form 990, Part IV, line 25a or 25b, or Form 9 (b) Relationship between disqualified person and					rt V, lır escript		(4	1 Corr	ected?
1 (4	, ivaline of disqual	med person	(6)		organization	ilinea person a			ansacti			es	No
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Con repo (a) Name of	ans to and/or nplete if the orgar orted an amount of (b) Relationship with organization	nization answe on Form 990, (c) Purpose	rested Pe red "Yes" o Part X, line (d) Loan	ersons. on Form 990-EZ 5, 6, or 22				In	line 26 (I Appro boai	h) ved by	(janizat i)Writi greeme	en
Con repo (a) Name of	nplete if the orgar orted an amount o (b) Relationship	nization answe on Form 990, (c) Purpose	rested Pe red "Yes" o Part X, line (d) Loan	ersons. on Form 990-EZ 5, 6, or 22 to or from the	, Part V, line 3	38a, or Form 9	90, Par	In ult?	line 26 (I Appro boai	n, or if the	(i)Writ	en
Con repo (a) Name of	nplete if the orgar orted an amount o (b) Relationship	nization answe on Form 990, (c) Purpose	ested Pe red "Yes" o Part X, line (d) Loan orga	ersons. on Form 990-EZ 5, 6, or 22 or to or from the anization?	, Part V, line 3	38a, or Form 9	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
Con repo (a) Name of interested person See Additional	nplete if the orgar orted an amount o (b) Relationship	nization answe on Form 990, (c) Purpose	ested Pe red "Yes" o Part X, line (d) Loan orga	ersons. on Form 990-EZ 5, 6, or 22 or to or from the anization?	, Part V, line 3	38a, or Form 9	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
Con repo (a) Name of interested person See Additional	nplete if the orgar orted an amount o (b) Relationship	nization answe on Form 990, (c) Purpose	ested Pe red "Yes" o Part X, line (d) Loan orga	ersons. on Form 990-EZ 5, 6, or 22 or to or from the anization?	, Part V, line 3	38a, or Form 9	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
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Con repo (a) Name of interested person See Additional Data Table	nplete if the orgar orted an amount o (b) Relationship	nization answe on Form 990, (c) Purpose	ested Pe red "Yes" o Part X, line (d) Loan orga	ersons. on Form 990-EZ of 5, 6, or 22 of to or from the anization?	, Part V, line 3 (e)Original principal amount	(f)Balance due	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
Con report (a) Name of interested person See Additional Data Table	nplete if the orgar orted an amount o (b) Relationship	(c) Purpose of loan	ested Pered "Yes" (Part X, line (d) Loan organism	ersons. on Form 990-EZ on Form 990-EZ on Form 990-EZ on Form The anization? From	, Part V, line 3 (e)Original principal amount	38a, or Form 9	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
Con report (a) Name of interested person See Additional Data Table	nplete if the organorted an amount of (b) Relationship with organization	c) Purpose of loan	ested Pered "Yes" (Part X, line (d) Loan organization To	From From From From From From From	(e)Original principal amount	(f)Balance due	90, Par (g) defa	In ult?	line 26 (I Appro boai	h) ved by rd or nittee?	(i)Writ	en ent?
Conrepo (a) Name of interested person See Additional Data Table Total Part III Gra Com	nplete if the organorted an amount of (b) Relationship with organization of the organi	c) Purpose of loan	rested Pered "Yes" (Part X, line (d) Loan org: To To To To To Description of the swered "Yes" of between on and the	From From	(e)Original principal amount	(f)Balance due	90, Par (g) defa Yes	In ult?	line 26 (I Appro boai comm Yes	h) ved by rd or nittee?	Yes	i)Writi	ent?
Conrepo (a) Name of Interested person See Additional Data Table Total Part III Gra	nplete if the organorted an amount of (b) Relationship with organization of the organi	nce Benefit anization answer n Form 990, (c) Purpose n of loan	rested Pered "Yes" (Part X, line (d) Loan org: To To To To To Description of the swered "Yes" of between on and the	From From	, Part V, line 3 (e)Original principal amount > \$	(f)Balance due 180,937	90, Par (g) defa Yes	In ult?	line 26 (I Appro boai comm Yes	n, or if the hold of the hold or intree?	Yes	i)Writi	ent?
Conrepc (a) Name of Interested person See Additional Data Table Total Part III Gra Com	nplete if the organorted an amount of (b) Relationship with organization of the organi	nce Benefit anization answer n Form 990, (c) Purpose n of loan	rested Pered "Yes" (Part X, line (d) Loan org: To To To To To Description of the swered "Yes" of between on and the	From From	, Part V, line 3 (e)Original principal amount > \$	(f)Balance due 180,937	90, Par (g) defa Yes	In ult?	line 26 (I Appro boai comm Yes	n, or if the hold of the hold or intree?	Yes	i)Writi	ent?
Conrepc (a) Name of Interested person See Additional Data Table Total Part III Gra Com	nplete if the organorted an amount of (b) Relationship with organization of the organi	nce Benefit anization answer n Form 990, (c) Purpose n of loan	rested Pered "Yes" (Part X, line (d) Loan org: To To To To To Description of the swered "Yes" of between on and the	From From	, Part V, line 3 (e)Original principal amount > \$	(f)Balance due 180,937	90, Par (g) defa Yes	In ult?	line 26 (I Appro boai comm Yes	n, or if the hold of the hold or intree?	Yes	i)Writi	ent?
Conrepc (a) Name of Interested person See Additional Data Table Total Part III Gra Com	nplete if the organorted an amount of (b) Relationship with organization of the organi	nce Benefit anization answer n Form 990, (c) Purpose n of loan	rested Pered "Yes" (Part X, line (d) Loan org: To To To To To Description of the swered "Yes" of between on and the	From From	, Part V, line 3 (e)Original principal amount > \$	(f)Balance due 180,937	90, Par (g) defa Yes	In ult?	line 26 (I Appro boai comm Yes	n, or if the hold of the hold or intree?	Yes	i)Writi	ent?

Additional Data

Software ID:

Software Version:

EIN: 59-0773154

Name: Florida Credit Union

(a) Name of interested person	(b) Relationship with organization	oans to and fi (c) Purpose of loan			(e)Original principal amount	(f)Balance due	(g) In default?		(h) Approved by board or committee?			
			То	From			Yes		Yes	No	Yes	No
William Hopgood	Board Treasurer	Credit Card		Х	20,000	2,158		No	Yes		Yes	
Dr Barbara Buys	Director	Line of Credit		Х	5,500	0		No	Yes		Yes	
David Eckhardt	SVP Operations/COO	Credit Card		Х	20,000	8,464		No	Yes		Yes	
Wendy Koford	SVP Finance/CFO	Home Equity Loan		Х	120,000	43,948		No	Yes		Yes	
Alfred Peoples	Board Chair	Line of Credit		Х	7,000	0		No	Yes		Yes	
Dr Jacquelyn Hart	Director	Line of Credit		Х	10,000	0		No	Yes		Yes	
Andrew Sutherland	Board Secretary	Credit Card		Х	7,600	5,381		No	Yes		Yes	
Wendy Koford	SVP Finance/CFO	Credit Card		Х	18,800	0		No	Yes		Yes	
Alfred Peoples	Board Chair	Home Equity LOC		X	40,000	38,285		No	Yes		Yes	
Dr Barbara Buys	Director	HELOC		Х	75,000	0		No	Yes		Yes	
David Eckhardt	SVP Operations/COO	New Auto		Х	50,000	10,963		No	Yes		Yes	_
David Eckhardt	SVP Operations/COO	New Auto		х	30,000	24,743		No	Yes		Yes	
David Eckhardt	SVP Operations/COO	Secured LOC		Х	2,000	0		No	Yes		Yes	
Andrew Sutherland	Board Secretary	Used Auto		Х	27,499	5,677		No	Yes		Yes	
Andrew Sutherland	Board Secretary	Line of Credit		×	500	0		No	Yes		Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons (a) Name of (b) Relationship (c) Purpose of (d) Loan to (e)Original (f)Balance due (g) In (i)Written interested person with organization or from the default? Approved agreement? loan principal organization? bv board or amount lcommittee? Yes No No То From Yes Yes No Andrew Board Secretary Home Equity 51,000 41,318 No Yes Yes

Loan

Sutherland

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CCUEDIU	F 0	• •		. =		OMB No 1545-0047
SCHEDUL (Form 990 or EZ)		Complete to pro	ial Information in the information for the provence of the pro	ions on	2018	
Department of the T	1	Open to Public Inspection				
Namel Bf the তিন্তু Florida Credit Unio					Employer identi 59-0773154	fication number
990 Schedul	e O, Supp	lemental Informatio	n			
Return Reference				Explanation		
Form 990, Part VI, Section A, line 6	Anyone do	ing business with the cred	dit union is a member			

Return Explanation
Reference

line 7a

Form 990,
Part VI,
Section A,

An annual election is held for open spots on the board of directors and we are regulated b
y the Florida Division of Financials Institutions and the National Credit Union Administra

Return Explanation

line 11b

Form 990, Auditors and examiners review the report and give a report to the board of directors

Part VI,
Section B.

Return Explanation

Form 990,
Part VI,
Section B,
Inne 12c

Directors and employees are required to avoid conflicts of interest by Federal and State B
anking laws Staff and board are questioned by auditors as part of the AICPA opinion audit

Return Explanation
Reference

line 15

Form 990,
Part VI,
Section B,

Return Explanation
Reference

line 19

Form 990,	Financial Statements are available in branch lobbies. Call reports on the web
Part VI,	
Section C.	

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Part XI, line Rounding 1

990 Schedule O, Supplemental Information Return Explanation

Reference	
Form 990	The process has not changed from previous year
Part XII, line	