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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

(Rev. January 2020)

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.

198

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning **2019**, and ending **2020**

| | | | |
|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ORLANDO CREDIT UNION Doing business as | | D Employer identification number 59-1517872 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 945 S ORANGE AVENUE | | E Telephone number (407) 835-3510 |
| | City or town, state or province, country and ZIP or foreign postal code ORLANDO, FL 32806 | | G Gross receipts \$ 15,222,095 |
| | F Name and address of principal officer | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) |

| | | |
|---|---|---|
| I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(14) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: ORLANDOCREDITUNION.ORG | H(c) Group exemption number |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | L Year of formation: 1936 | M State of legal domicile: FL |

Part I Summary

| | | | |
|-----------------------------|---|---|--|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: ORLANDO CREDIT UNION WAS FOUNDED ON THE UNIVERSAL CREDIT UNION CREED OF "NOT FOR PROFIT, NOT FOR CHARITY, BUT FOR SERVICE." IT'S WHY NEARLY 25,000 MEMBERS TURN TO US STILL, MORE THAN 80 YEARS AFTER WE WERE FOUNDED. | |
| | 2 | Check this box <input type="checkbox"/> 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 / 7 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 / 7 |
| | 5 | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 / 84 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 / 10 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a / 0 |
| | b | Net unrelated business taxable income from Form 990-T, line 39 | 7b / 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year / Current Year: / 0 |
| | 9 | Program service revenue (Part VIII, line 2g) | / 8,600,966 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | / 1,953,371 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | / 4,667,758 |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | / 15,222,095 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | / 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | / 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | / 6,013,643 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | / 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) | / 0 |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | / 8,057,864 |
| | 18 | Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | / 14,071,507 |
| 19 | Revenue less expenses - Subtract line 18 from line 12 | / 1,150,588 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year / End of Year: / 247,618,580 |
| | 21 | Total liabilities (Part X, line 26) | / 225,397,716 |
| | 22 | Net assets or fund balances - Subtract line 21 from line 20 | / 22,220,864 |

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: <i>Suzanne Weinstein</i> | Date: 07-11-2020 |
| | Type or print name and title: SUZANNE WEINSTEIN, PRESIDENT CEO | |

| | | | | | |
|------------------------|---|--|-------------------------|---|------------------------|
| Paid Preparer Use Only | Print/Type preparer's name: Gerald E Creasman CPA | Preparer's signature: <i>Gerald E Creasman</i> | Date: 07-11-2020 | Check <input type="checkbox"/> if self-employed | PTIN: P00428587 |
| | Firm's name: Gerald E Creasman CPA PA | Firm's EIN: 305-596-0903 | | | |
| | Firm's address: 5915 Ponce De Leon Blvd Ste 24 Coral Gables FL 33146 | Phone no: 305-596-0903 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2019)

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620

SCANNED SEP 27 2021

SCANNED AUG 16 2021

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
ORLANDO CREDIT UNION WAS FOUNDED ON THE UNIVERSAL CREDIT UNION CREED OF "NOT FOR PROFIT, NOT FOR CHARITY, BUT FOR SERVICE." IT'S WHY NEARLY 25,000 MEMBERS TURN TO US STILL, MORE THAN 80 YEARS AFTER WE WERE FOUNDED.

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 \$ 14,071,507 including grants of \$ _____) (Revenue \$ _____)
EXPENSES REQUIRED TO MEET THE NEEDS OF CREDIT UNION MEMBERSHIP

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

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

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

4e Total program service expenses **▶ 14,071,507**

D 0 3

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, 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 ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policy, whistleblower policy, and compensation review.

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection
19 Describe on 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

THOMAS DOBBS (407) 835-3510, 945 S ORANGE AVENUE, ORLANDO, FL 32806

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, and 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) CHARLES METCALF CHAIRMAN | 0.50 | X | | | | | 0 | 0 | 0 | |
| (2) FJ FLYNN VICE CHAIRMAN | 0.50 | X | | | | | 0 | 0 | 0 | |
| (3) GRACE A CHEWNING TREASURER | 0.50 | X | | | | | 0 | 0 | 0 | |
| (4) LAWRENCE M STRAWN SECRETARY | 0.50 | X | | | | | 0 | 0 | 0 | |
| (5) MARIA NEFF CAULDER DIRECTOR | 0.50 | X | | | | | 0 | 0 | 0 | |
| (6) CHRISTOPHER MCCULLION DIRECTOR | 0.50 | X | | | | | 0 | 0 | 0 | |
| (7) H VINCENT PRESTON DIRECTOR | 0.50 | X | | | | | 0 | 0 | 0 | |
| (8) SUZANNE WEINSTEIN PRESIDENT CEO | 50.00 | | | X | | | 299,518 | 0 | 6,576 | |
| (9) THOMAS DOBBS CFO | 50.00 | | | X | | | 165,891 | 0 | 0 | |
| (10) ANTHONY M NIETO VP LENDING | 50.00 | | | | X | | 158,494 | 0 | 0 | |
| (11) CLIFF A SWEET VP RETAIL OPERATIONS | 50.00 | | | | X | | 143,026 | 0 | 0 | |
| (12) SHARON BARRY VP MEMBER EXPERIENCE | 50.00 | | | | X | | 141,197 | 0 | 0 | |
| (13) CATHERINE GARCIA PROJECT MANAGER | 50.00 | | | | X | | 134,171 | 0 | 0 | |
| (14) RABIH MOHAMAD-ALI REAL ESTATE ORIGINATION OFFICER | 50.00 | | | | X | | 113,439 | 0 | 0 | |

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 | | | |
| (15) <u>BRENDA PETERSEN</u> <u>COMPLIANCE OFFICER</u> | <u>50.00</u> | | | | | X | | 106,661 | 0 | 0 |
| (16) ----- | ----- | | | | | | | | | |
| (17) ----- | ----- | | | | | | | | | |
| (18) ----- | ----- | | | | | | | | | |
| (19) ----- | ----- | | | | | | | | | |
| (20) ----- | ----- | | | | | | | | | |
| (21) ----- | ----- | | | | | | | | | |
| (22) ----- | ----- | | | | | | | | | |
| (23) ----- | ----- | | | | | | | | | |
| (24) ----- | ----- | | | | | | | | | |
| (25) ----- | ----- | | | | | | | | | |
| 1b Subtotal | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 1,262,397 | 0 | 6,576 | |

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 **8**

| | Yes | No |
|---|----------|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

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 | | | | | |
| | 1b | Membership dues | | | | | |
| | 1c | Fundraising events | | | | | |
| | 1d | Related organizations | | | | | |
| | 1e | Government grants (contributions) | | | | | |
| | 1f | All other contributions, gifts, grants, and similar amounts not included above | | | | | |
| | 1g | Noncash contributions included in lines 1a-1f | \$ | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | INTEREST ON LOANS | 900099 | 8,600,966 | 8,600,966 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | 8,600,966 | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 1,951,897 | 1,951,897 | | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | Gross rents | (i) Real (ii) Personal | | | | |
| | | | 6a | | | | |
| | | | 6b | | | | |
| | 6c | Less rental expenses | | | | | |
| | 6c | Rental income or (loss) | | | | | |
| | 6c | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | | |
| | | | 7a | 2,266 | (792) | | |
| | | | 7b | | | | |
| | 7b | Less cost or other basis and sales expenses | | | | | |
| | 7c | Gain or (loss) | 2,266 | (792) | | | |
| 7c | Net gain or (loss) | | 1,474 | 1,474 | | | |
| 8a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | 8a | | | | | |
| 8b | Less direct expenses | 8b | | | | | |
| | Net income or (loss) from fundraising events | | | | | | |
| 9a | Gross income from gaming activities, See Part IV, line 19 | 9a | | | | | |
| 9b | Less direct expenses | 9b | | | | | |
| | Net income or (loss) from gaming activities | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | 10a | | | | | |
| 10b | Less cost of goods sold | 10b | | | | | |
| | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | | Business Code | | | | |
| | 11a | OTHER INCOME | 900099 | 3,310,176 | 3,310,176 | | |
| | b | FEE INCOME | 900099 | 1,357,582 | 1,357,582 | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 4,667,758 | | | | |
| 12 | Total revenue. See instructions | | 15,222,095 | 15,222,095 | 0 | 0 | |

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 | 1,270,263 | 1,270,263 | | |
| 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 | 3,482,824 | 3,482,824 | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 205,160 | 205,160 | | |
| 9 Other employee benefits | 686,213 | 686,213 | | |
| 10 Payroll taxes | 369,183 | 369,183 | | |
| 11 Fees for services (nonemployees) | | | | |
| a Management | | | | |
| b Legal | 92,351 | 92,351 | | |
| c Accounting | 75,560 | 75,560 | | |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 Advertising and promotion | 370,960 | 370,960 | | |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 536,619 | 536,619 | | |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 62,878 | 62,878 | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 754,365 | 754,365 | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a SEE ATTACHED SCHEDULE | 6,165,131 | 6,165,131 | | |
| b _____ | | | | |
| c _____ | | | | |
| d _____ | | | | |
| e All other expenses _____ | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 14,071,507 | 14,071,507 | 0 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <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 X

| | | (A) | (B) | |
|-----------------------------|---|---|----------------|----------------|
| | | Beginning of year | End of year | |
| Assets | 1 | Cash - non-interest-bearing | 1 2,106,824 | |
| | 2 | Savings and temporary cash investments | 2 21,203,917 | |
| | 3 | Pledges and grants receivable, net | 3 | |
| | 4 | Accounts receivable, net | 4 133,918 | |
| | 5 | Loans and other receivables from 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 | 5 | |
| | 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 | 7 176,149,758 | |
| | 8 | Inventories for sale or use | 8 | |
| | 9 | Prepaid expenses and deferred charges | 9 659,031 | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 19,480,425 | |
| | b | Less accumulated depreciation | 10b 6,655,801 | 10c 12,824,624 |
| | 11 | Investments - publicly traded securities | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | 13 33,050,684 | |
| | 14 | Intangible assets | 14 | |
| | 15 | Other assets See Part IV, line 11 | 15 1,489,824 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 0 16 | 247,618,580 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 17 3,330,251 | |
| | 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 | 23 | |
| | 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 | 25 222,067,465 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 0 26 | 225,397,716 |
| 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 | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | 31 22,220,864 | |
| | 32 | Total net assets or fund balances | 0 32 | 22,220,864 |
| 33 | Total liabilities and net assets/fund balances | 0 33 | 247,618,580 | |

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 15,222,095. Line 2: Total expenses 14,071,507. Line 3: Revenue less expenses 1,150,588. Line 9: Other changes in net assets 21,070,276. Line 10: Net assets at end of year 22,220,864.

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990 [] Cash [X] Accrual [] Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant? [] Separate basis [] Consolidated basis [] Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? [] Separate basis [X] Consolidated basis [] Both consolidated and separate basis

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?

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?

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 on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Row 2a: No [X]. Row 2b: Yes [X]. Row 3a: No [X].

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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.

2019

Department of the Treasury Internal Revenue Service

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



Name of the organization

Employer identification number

ORLANDO CREDIT UNION

59-1517872

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and total value, and two Yes/No questions regarding donor information.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, total number, acreage, and number of easements on historic structures, and monitoring details.

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.

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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 make 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?

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?
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
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Term endowment %
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
b If "Yes" on line 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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).

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) INVESTMENTS | 33,050,684 | FMV |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | 33,050,684 | |

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) ACCRUED INCOME | 685,644 |
| (2) USO, LEASE, SEC DEPOSITS | 74,098 |
| (3) DEF COMP LIFE INS | 374,120 |
| (4) CONSTRUCTION IN PROGRESS | 355,962 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 1,489,824 |

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 | |
| (2) MEMBER SHARE DEPOSITS | 222,067,465 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 222,067,465 |

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 FASB 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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2019

- ▶ 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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ORLANDO CREDIT UNION

59-1517872

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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (such as 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 type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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 | | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p> | 2 | | | | | | | | | | |
| <p>3 Indicate which, if any, of the following the 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 style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input 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> | 4a | | X | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | | X | | | | | | | | |
| <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> | 4c | | X | | | | | | | | |
| <p>Only section 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> | 5a | | | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III</p> | 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> | 6a | | | | | | | | | | |
| <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III</p> | 6b | | | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on 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 aren't 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 | (iv) Other reportable compensation | | | | |
| SUZANNE WEINSTEIN | (i) 248,669 | 36,736 | 14,113 | 0 | 0 | 6,576 | 306,094 | 0 |
| 1 PRESIDENT CEO | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS DOBBS | (i) 147,454 | 18,437 | 0 | 0 | 0 | 0 | 165,891 | 0 |
| 2 CFO | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANTHONY M NIETO | (i) 137,153 | 21,341 | 0 | 0 | 0 | 0 | 158,494 | 0 |
| 3 VP LENDING | (ii) 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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**

Employer identification number

ORLANDO CREDIT UNION

59-1517872

01. Members or stockholder classes and rights (Part VI, line 6)

THE CREDIT UNION'S MEMBERSHIP HAVE THE RIGHT TO VOTE FOR MEMBERS THAT WISH TO RUN FOR
POSITIONS ON THE BOARD OF DIRECTORS

02. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY GOVERNING BODY PRIOR TO BEING FILED WITH INTERNAL REVENUE
SERVICE

03. Conflict of interest policy compliance (Part VI, line 12c)

THE CREDIT UNION MAINTAINS COMPLIANCE WITH THEOR CONFLICT OF INTEREST POLICY

04. CEO, executive director, top management comp (Part VI, line 15a)

EXECUTIVE COMPENSATION IS REVIEWED BY COMPENSATION COMMITTEE

05. Other officer or key employee compensation (Part VI, line 15b)

COMPENSATION IS BASED ON INDEPENDENT STUDIES PERFORMED BY VARIOUS ORGANIZATIONS WITHIN THE
CREDIT UNION INDUSTRY

06. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

07. Explanation of other changes in net assets or fund balances (Part XI, line 9)

INITIAL YEAR OF FORM 990..BEGINNING BALANCE