2949311410513 1 -2949006503211 1

Form	Form 990 Return of Organization Exempt From Income Tax								OWIB	NO 1545-0047		
				•		•			dationei	,   2	2019	
(Rev J	anuary	2020)	Under section 501(c			is form as it may t					n to Public	
		he Treasury		=		ons and the latest		1	MID	, ,	spection	
		2019 calendar	year, or tax year begin		30 IOI MStructio		and ending		r_,	, 20		
		pplicable	C Name of organizationOR		UNION			1	D Emplo	yer identificati	on number	
$\Box$	dress c		Doing business as	)						59-1517		
$\overline{}$	me cha	•							E Telephone number			
(T)	lial retu	_	945 S ORANGE A					- 1	(407) 835-3510			
$\Box$	nal retur	n/terminated	City or town, state or pro-	vince, country and ZIP o	r foreign postal code		· · · · ·		G Gross	receipts		
☐ An	nended	retum	DRLANDO, FL 32	306					\$ 15,222,095			
☐ Ap	plicatio	n pending	F Name and address of pri			i . [	н	(a) isthisa (	group return for subordinates? Yes X No			
						\	н	(b) Are all :	subordinate	s included?	Yes No	
l Ta	x-exem	pt status	01(c)(3) X 501(c) ( <b>14</b>	) 🖣 (insert no )	4947(a)(1) or	□ <sub>527</sub> <b>\</b> 丿		If "No,"	altach a lis	t (see instructio	ns)	
J W	bsite		NDOCREDITUNION.	ORG		<b>.</b>	н	(c) Group	exemption	number >		
			orporation Trust Ass	ociation Unther		L Year of formation	on <u>1936</u>	M S	State of leg	al domicile	FL	
Par	t 1	Summary			<del> </del>							
	1	•	the organization's missi	•		ORLANDO CRED		-				
e			CREDIT UNION CR								IT'S WHY	
Jan		NEARLY 25	000 MEMBERS TUR	N TO US STII	LL, MORE TH	AN 80 YEARS	AFTER W	E WERE	FOUN	DED.		
Activities & Governance	١.	<u></u>	<b>&gt;</b>	d			250/ -5 +					
ó	2		▶ ☐ if the organization			sed of more than 2	25% 01 118 11	et asset	.   3		7	
∞5	3		ng members of the gove pendent voting member	• •	•				4		<u>7</u>	
ties	5		f individuals employed in						5		84	
Σ	6		f volunteers (estimate if i	•	5 (Fait V, IIIC 2a)				6		10	
Ψc	l .		business revenue from l	**	C) line 12				7a		0	
	ì		usiness taxable income	· · · · · · · · · · · · · · · · · · ·	•				7b		0	
	-	THE UNIVERSE	Someo (axable interne				1	Prior Year	-	Curre	ent Year	
	8	Contributions a	nd grants (Part VIII, line	1h)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Selectivity in the limit of the	-				0	
a	9	Program service	e revenue (Part VIII, line	2g)	K⊨C	Ė(VĖD					3,600,966	
Revenue	10	Investment inco	ome (Part VIII, column (A	A), lines 3, 4, and 7	d) —		3[			1	,953,371	
å	11	Other revenue	(Part VIII, column (A), Im	es 5, 6d, 8c, 9c, 10	oc, and 11e) U	<b>2</b> 1 2020 · •	?[			4	,667,758	
	12		add lines 8 through 11 (			12)	3			15	,222,095	
	13		ılar amounts paid (Part I			ĖŅ, UT.	₹				0	
	14		or for members (Part IX		<b>/</b>	<u></u>	<u>·</u>				0	
ses	15		compensation, employed			5-10)	·			- 6	5,013,643	
_			ndraising fees (Part IX, o				•				0	
Ехре			g expenses (Part IX, col			0	-	<del>-</del>	. ,		0.057.064	
ш	17	•	s (Part IX, column (A), lir Add lines 13-17 (must				· <del> </del>				3,057,864 1,071,507	
	18 19	•	expenses Subtract line	•			<u> </u>				,150,588	
	13	Revenue less e	xpenses oubtract line	TO HOM MIC 12			Beginnl	ng of Curre	nt Year		of Year	
Net Assets or Fund Balances	20	Total assets (Pa	art X. line 16)								,618,580	
Asse Bal	21	Total liabilities (									3,397,716	
Fet	22		and balances Subtract I	ine 21 from line 20						22	2,220,864	
Par	t II	Signature	Block									
Under	penaltic	es of penjury, I declare	that I have examined this return	n, including accompanyi	ng schedules and state	ements, and to the best o	of my knowledg	ge and belie	of, it is			
true, c	orrect, a	and complete peciar	ation of preparer (other than off	cer) is pased on all tillon	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2.1	// /	all				
۵.			inene!	unitur	) HES	4CEO DE	lando	04		07-11-	-2020	
Sign	}	Signature o	romer		<i>)</i> •			- ,	Dat	θ		
Here	•			ESIDENT CEO	<u> </u>							
		<u> </u>	t name and title	- Ma	A 7) 1			<del></del>	<del></del>	DTIN		
		Print/Type prepai	er's name	Preparer a state (Tre	UVA	Date		Check	∐ #	PTIN		
Paid			Creasman CPA		- 1 / 7	07-11-20		self-em	ployed	P00428	1587	
Prep				Creasman CI				's EIN ▶				
Use	Only	Firm's address	=	ce De Leon E			Pho	ne no	205 5	. 0.6 0.0.0.0		
		\ d.a.a		bles FL 3314					_305-:	596-0903 ・・・ 図 Y	es No	
			urn with the preparer sh Act Notice, see the ser								rm <b>990</b> (2019)	
FOR P	որելա	OIV LAGRICHOU	~~ 3ee nie 3e						_	~ · · ·	()	

1-20

SCANNED SEP 27 2021

	m 990 (2019) ORLANDO CREDIT UNION 59-1517872	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	$\cdot \cdot \square$
1	Briefly describe the organization's mission	
	ORLANDO CREDIT UNION WAS FOUNDED ON THE UNIVERSAL CREDIT UNION CREED OF "NOT FOR PROFIT, NO	
	CHARITY, BUT FOR SERVICE." IT'S WHY NEARLY 25,000 MEMBERS TURN TO US STILL, MORE THAN 80 YE	ARS
	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?	
	If "Yes," describe these new services on Schedule O	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services? Yes X	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 \$	
40	(Code) (Expenses \$ microding grants of \$ / (Nevende \$	<b>-</b> '
4d	Other program services (Describe on Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ► 14,071,507	
EEA	Form 99(	0 (2019)

| Part IV

**Checklist of Required Schedules** 

0 59-1517872

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . X 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 X 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 х 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 6 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." Х 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 x 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .......... 11b c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a x b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b x 13 13 x 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...... 21 x

ــــــــــ	- Charles of Magainet Constants (Continued)		Τ	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	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		ĺ	ĺ
	through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	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	<u> </u>	<del>                                     </del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	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		ļ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			1
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			<del></del>
	IV instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		x
33	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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	-002		<del>                                     </del>
	related organization?//f "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	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	х	
Par	t 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	• • •		
4	Establis number reported in Box 2 of Form 1006 Estar 0 of set annihilation		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
c D	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	×	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ......... 3b b X At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . . . . . 4a if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a 5a X b 5b X C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? ...... Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Х 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е X 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g X g 7h h Х 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Х 9 Sponsoring organizations maintaining donor advised funds. а 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b X 10 Section 501(c)(7) organizations. Enter а h Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . 11 Section 501(c)(12) organizations. Enter а b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a а Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which b C Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O

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 Section A. Governing Body and Management Yes Νo Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O Enter the number of voting members included in line 1a, above, who are independent 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 X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 x 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? X 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a x b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? x 14 Did the organization have a written document retention and destruction policy? 14 x 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official х 15b Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure 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. Indicate how you made these available. Check all that apply X Upon request Other (explain on Schedule O) Another's website 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

-om	agn	(2019)	

ORLANDO CREDIT UNION

^	•	_	•	7	^	-	_	

Page 7

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

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

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

	T	T				.,			<u> </u>	
					(C)					
(A)	(B)	///	ant ob		sition	nan one		(D)	(E) ,	(F)
Name and title	Average	٠,				both ar	1	Reportable Reportable		Estimated amount
	hours	offic	er and	d a dı	rector	/trustee)		compensation	compensation	of other
	per week							from the	from related organizations	compensation from the
	(list any hours for	윽둜	ᇙ	ç	ା୍ଚ	e F	Fo	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	d TV	ŝ	Officer	<u>ğ</u>	)hes	Former	,		related organizations
	organizations	Individual trustee or director	Institutional trustee		key employee	ee (cor	,			
	below	uste	퇿		8	npe				
	dotted line)	•	tee			Highest compensated employee				
	}					<b>8</b> .			}	
(1) CHARLES METCALF	0.50									
CHAIRMAN	<u>_</u>	X_						0	0	0
(2) FJ FLYNN	0.50								,	
VICE CHAIRMAN	ļ <u>.</u>	х	Ш					0_	_ 0	0
(3) GRACE A CHEWNING	0.50									
TREASURER		x	Щ		Щ			0_	0	0
(4) LAWRENCE M STRAWN	0.50									
SECRETARY		х	Щ					0	0	
(5) MARIA NEFF CAULDER	0.50									
DIRECTOR		х						0	0	0
(6) CHRISTOPHER MCCULLION	0.50									
DIRECTOR		х						0	0	00
(7) H VINCENT PRESTON	0.50									
DIRECTOR	<u></u>	_x_						0	0	0
(8) SUZANNE WEINSTEIN	50.00									
PRESIDENT CEO				Х				299,518	0	6,576_
(9) THOMAS DOBBS	50.00									
CFO				Х				165,891	0	00
(10)ANTHONY M NIETO	50.00			ļ						
VP_LENDING					$\Box$	х		158,494	0	O _
(11)CLIFF A SWEET	50.00									
VP_RETAIL OPERATIONS						х		143,026	0	0
(12)SHARON BARRY	50.00			]			J			
VP MEMBER EXPERIENCE	ļ					х		141,197	0	0
(13)CATHERINE GARCIA	50.00									
PROJECT MANAGER						х		134,171	0	0
(14)RABIH MOHAMAD-ALI	50.00									
REAL ESTATE ORIGINATION OFFICER				[		х		113,439	0	0

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hest	t Com	pens	sated Employees	(continued)	<u> </u>			
						(C)								
	(A)	(B)			Po	sition			(D)	(E)			<b>(E)</b>	
		' '					han one		·		- 1		(F)	
	Name and title	Average hours					s both a r/trustee		Reportable compensation	Reporta compensa	- 1	Estim	ated an	
		per week	Ollic	Jei aii	u a ui	ecto	Musiee	,	from the	from rela	T.	coi	npensa	
		(list any	<u> </u>	T -	T_	Γ_	T	П	organization	organiza	1		rom the	
		hours for	Individual trustee or director	l Ist	Officer	₹	땕	Former	(W-2/1099-MISC)	(W-2/1099-I	MISC)	-	nization	
		related	led in	Ē	ķ	Key employee	Noye	뤝		1	1	relate	d organi	ızatıons
		organizations	우물	르		ij	ř S							
		below	ste	nstitutional trustee		8	per	Į						
		dotted line)	"	8			Highest compensated employee							
(15)BR	ENDA PETERSEN	50.00												
	IANCE OFFICER				<u> </u>		X		106,661		0			0
(16)			ļ	ļ										
			<u> </u>			<u> </u>	<u> </u>				-			
<u>(17)</u>											i			
(40)					-	<u> </u>		-	<del></del>					
(10) -							}				1			
(19)							<del> </del>							
7.2/							1							
(20)		<del> </del>	-	<del>                                     </del>						-				
Σ-Ξ/											İ			
(21)														
(22)														
(23)														
(24)														
(25)														
		L			İ			_						
1b	Subtotal			• •	• •	• •		. ▶	<u> </u>					
С	Total from continuation sheets to Part VII, Sect		• • •	• •	• •	• •	• • •	. ▶					_	
d	Total (add lines 1b and 1c)										0		6,	<u>576</u>
2	Total number of individuals (including but not limite		sted ab	ove)	) wh	o rec	ceived	mor	e than \$100,000 of	•				
	reportable compensation from the organization	<u> </u>								<del></del>				8
_													Yes	No
3	Did the organization list any former officer, director													. - <u></u> -
	employee on line 1a? If "Yes," complete Schedule										• • • •	3		X
4	For any individual listed on line 1a, is the sum of re	•										1		
	organization and related organizations greater than	า \$150,000?	If "Yes	," co	mple	ete S	Schedu	ıle J	for such					
	individual									• • • • •		4	X	
5	Did any person listed on line 1a receive or accrue	compensatio	n from	any	unr	elate	ed orga	anıza	ition or individual					
	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	or su	ch p	erson					5		X
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation	ated indepen	dent co	ontra	actor	s tha	at rece	ived	more than \$100,00	00 of				
	compensation from the organization Report comp	ensation for	the cal	enda	ar ye	ar e	nding	with	or within the organ	ization's ta	x year			
	(A)								(B)			(C)		
	Name and business address	s							Description of service	es		Compens	ation	
	Total number of independent contractors (including	hut not limit	ed to t	hose	e listi	ed a	hove)	who	<del></del>					
•	received more than \$100,000 of compensation from				•ot		,				•	•	•	ļ

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Unrelated Revenue excluded Related or exempt function revenue business revenue from tax under sections 512-514 Federated campaigns . . . . . . 1a Membership dues . . . 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 1đ Government grants (contributions) . . 10 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in 1g Total. Add lines 1a-1f **Business Code** 2a INTEREST ON LOANS 900099 8,600,966 8,600,966 Program Service Revenue f All other program service revenue . . . . . . Total. Add lines 2a-2f 8,600,966 3 Investment income (including dividends, interest, and 1,951,897 1,951,897 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a 6a Gross rents 6b b Less rental expenses · · 6с c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis 7a 2,266 (792)Other Revenue 7b and sales expenses c Gain or (loss) . . . . . 2,266 (792) d 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 **b** Less direct expenses 8b c Net income or (loss) from fundraising events . . . . . . . 9a Gross income from gaming activities, See Part IV, line 19 . . . . . . 9a 9b **b** Less direct expenses . . . . . . . . c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances . . . 10b b Less cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory . . . . . . . . Business Code liscellanous Revenue 900099 3,310,176 3,310,176 11a OTHER INCOME 900099 1,357,582 b FEE INCOME 1,357,582 e Total. Add lines 11a-11d 4,667,758

15,222,095

15,222,095

. . . . . . . . . . . . . . .

0

0

Total revenue. See instructions

# Form 990 (2019) ORLANDO CREDIT UNIC

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other organiza	ations must complete co	olumn (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX		· · · · · · · · · · · · · · · · · · ·	[
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses_	Management and general expenses	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 salanes 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		
С.	Accounting	75,560	75,560		
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<del></del>	
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule O)	270.060	272 262		
12 13	Advertising and promotion	370,960	370,960		
14	Information technology			·	
15	Royalties · · · · · · · · · · · · · · · · · · ·				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	F36 610	F36 610		
17	Travel	536,619	536,619	· · · <del></del>	
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	02,070	02,070		
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)		•	'	
а	SEE ATTACHED SCHEDULE	6,165,131	6,165,131		
b					
С					
d					
е	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		l		
	fundraising solicitation Check here   If				
	following COD 09 2 (ACC 059 720)	l .			

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 1 1 Cash - non-interest-bearing 2,106,824 2 2 21,203,917 3 3 Pledges and grants receivable, net .............. 4 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 . Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 176,149,758 **Assets** Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges ......... 659,031 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . . . . 10a Less accumulated depreciation . . . . . . . . . . 10b 6,655,801 10c 12,824,624 11 11 Investments - publicly traded secunties ........... 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 ....... 33,050,684 14 14 15 15 1,489,824 16 Total assets. Add lines 1 through 15 (must equal line 33) 0 16 247,618,580 17 17 Accounts payable and accrued expenses .......... 3,330,251 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties 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 25 222,067,465 0 26 26 225,397,716 Organizations that follow FASB ASC 958, check here \$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 22,220,864

Total net assets or fund balances ...........

32

33

22,220,864

32

0

0 33

		9-151787	2	_ P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	222	,095
2	Total expenses (must equal Part IX, column (A), line 25)	2			,507
3	Revenue less expenses Subtract line 2 from line 1	3			,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5	-		
6	Donated services and use of facilities	6			
7	investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	21,	070	,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	22,	220	,864_
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🕱 Accrual 🔲 Other			. `	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in	_			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			· -	
	reviewed on a separate basis, consolidated basis, or both				{
	Separate basis Consolidated basis Both consolidated and separate basis			<u>.                                    </u>	] ]
b	Were the organization's financial statements audited by an independent accountant?		2b	х	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		٠. ٢	,	1
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
¢	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?		2c		l
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
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?		3a		х
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	<u></u> <u>.</u>	3b		L
EEA			Form	990 (	2019)

EEA

### SCHEDULE D (Form 990)

## **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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2019



Name	of the organization		E	mployer identification number
ORL	ANDO CREDIT UNION			59-1517872
Pa	rt:I' Organizations Maintaining Donor Advised Fu	ınds or Other Similar I	Funds or Accoun	ts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	6.	
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wr	nting that the assets held in	donor advised	<del></del>
	funds are the organization's property, subject to the organization	n's exclusive legal control?		· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant fu	ınds can be used	<del></del>
	only for chantable purposes and not for the benefit of the donor	r or donor advisor, or for an	y other purpose	
	conferning impermissible private benefit?	<u>.</u>		· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 7	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)		
	Preservation of land for public use (e.g., recreation or educ	cation)	Preservation of a l	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution is	n the form of a conse	ervation
	easement on the last day of the tax year			Held at the End of the Tax 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 struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aff			
	• • • • • • • • • • • • • • • • • • • •			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or termi	inated by the organiz	ation during the
	tax year 🕨	· •		-
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the perio	<del></del>	handling of	
	violations, and enforcement of the conservation easements it h	olds?		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and en	forcing conservation	easements during the year
	<b>&gt;</b>	•	_	-
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing	ng conservation ease	ements during the year
	<b>▶</b> \$		-	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	)(1)
	and section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation			<del>-</del>
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's finan	icial statements that	describes the
	organization's accounting for conservation easements			
Pa	t III. Organizations Maintaining Collections	of Art, Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, Iir	ne 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue	statement and balan	ce sheet works
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or re	esearch in furtherand	e of public
	service, provide, in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,			sheet works of
	art, historical treasures, or other similar assets held for public e			
	provide the following amounts relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X · · · · · · · ·			
2	If the organization received or held works of art, historical treas			<del></del>
	following amounts required to be reported under FASB ASC 95		<b>U</b> 172	
а	Revenue included on Form 990, Part VIII, line 1 · · · · ·			▶\$
b	Assets included in Form 990, Part X			
	anonyark Reduction Act Notice, see the Instructions for Fo			Schedula D. (Form 990) 2019

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,493,787		5,493,787
<b>b</b> Buildings		8,972,737	2,708,187	6,264,550
c Leasehold improvements		51,423	9,773	41,650
d Equipment		4,962,478	3,937,841	1,024,637
e Other				
Total. Add lines 1a through 1e (Column (d) must equal	Form 990, Part X, column	(B), line 10c) · · · · ·		12,824,624

·.						
Schedule D (Form					59-1517872	Page 3
Part VII	Investments - Other Securities.	" on For	000 Dark IV tra	- 11h Coo!	000 D	Y 0== 40
	Complete if the organization answered "Yes"	on Foi	m 990, Part IV, IIII	e iib seer	-orm 990, Paπ /	X, line 12
	(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valua Cost or end-of-year mark	
	derivatives					
• •	eld equity interests	)		<u> </u>	<u>-</u>	
(3) Other				<u> </u>		
(A)				<del> </del>		
(B)				<del> </del>		
(C)	<del></del>			<del> </del>		<del></del>
(D)				<del> </del>		
(E)				<del> </del>	<u></u>	
(F)	<del></del>			<del>-</del>		
(G) (H)				<del> </del> -		
	n (b) must equal Form 990, Part X, col (B) line 12) · · · ·	•	<del></del>	<del> </del>	1 0	
Part VIII	Investments - Program Related.	<u>, , , , , , , , , , , , , , , , , , , </u>	L		<del></del>	12
1	Complete if the organization answered "Yes"	on For	m 990, Part IV, lin	ie 11c. See F	Form 990, Part )	X. line 13.
	(a) Description of investment		(b) Book value		(c) Method of valua	ation
(1) NVESTA	MENTS		33,050,684	FMV	0001010101010	ot value
(2)	<u> </u>		33,030,001	<del> </del>		
(3)						
(4)				1		
(5)						
(6)						
(7)						
(8)						<u> </u>
(9)						
	n (b) must equal Form 990, Part X, col (B) line 13)	▶	33,050,684	7		
Part IX	Other Assets.		222 5 ( 0.4 );			
	Complete if the organization answered "Yes"	on For	m 990, Part IV, IIn	e 11d. See F	orm 990, Part 2	K, line 15
<del></del>	(a) Description				(b)	Book value
(1)ACCRUE						685,644
	EASE, SEC DEPOSITS					74,098
	MP LIFE INS					374,120
	UCTION IN PROGRESS					<u>355,962</u>
(5)						
(6)		<del></del>		_ <del></del>	<del></del>	
(8)				<u>_</u> .	<del></del>	
(9)						
	n (b) must equal Form 990, Part X, col (B) line 15)				<b></b>	1,489,824
Part X	Other Liabilities. Complete if the organization answered "Yes" line 25				<sup>1</sup>	<del></del>
1.	(a) Description of liability	(b) Book va	atue	,		
(1) Federal II		1_/			•	
<del></del> _	SHARE DEPOSITS	222,0	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 . . . . . .

1 7	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	hei ize	turn.
4 -	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
	Total revenue, gains, and other support per audited financial statements	· 1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<del>                                     </del>
	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·		1
	Donated services and use of facilities	$\dashv$	
	Recovenes of prior year grants	$\dashv$ ,	,
	Other (Describe in Part XIII )		
	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	· 2e	<del> </del>
	Subtract line 2e from line 1	· 3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	
	nvestment expenses not included on Form 990, Part VIII, line 7b	<b>—</b>	Ĭ
	Other (Describe in Part XIII )	_	_
	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) · · · · · · · · · · · · · · · · · · ·		
Part		ses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 7	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		
b F	Pnor year adjustments		
	Other losses		
d (	Other (Describe in Part XIII )	─ <b></b>	1
	Add lines 2a through 2d	· 2e	-
	Subtract line 2e from line 1	. 3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	٠, ١	1
	Other (Describe in Part XIII )		1
	Add lines 4a and 4b	<del></del>	-
C: F			
	otal expenses Add lines 3 and 4c. (This must equal Form 990 Part I, line 18)		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
5 T	XIII Supplemental Information.	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information.	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	
5 T Part Provide	XIII Supplemental Information. e 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	. 5	

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization **Compensation Information** 

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

ORLANDO CREDIT UNION

Employer identification number

59-1517872

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		ره ره	
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	'	1	'
	First-class or charter travel Housing allowance or residence for personal use			• '
	☐ Travel for companions ☐ Payments for business use of personal residence	1	ļ	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)	5		
	☐ Discretionary spending account ☐ Fersonal services (such as maid, chaulled)		Ì	
	If any of the house on him to are about add the annual set of the control of the		•	
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	1b		
				<u></u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		ĺ	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a <sup>9</sup> ······	_2		<u> </u>
		1,	'	
3	Indicate which, if any, of the following the organization used to establish the compensation of the		3.	i '
	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	٠,	* '	,
			, `	1:
	Independent compensation consultant			
	Form 990 of other organizations  Approval by the board or compensation committee	1	*	
			1.	
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	l' .	ł	
а		4a		x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		x
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			-
	The state of the state of the persons and provide the applicable amounts for each term in a diffin		}	-
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		1	
-	compensation contingent on the revenues of		}	
а	The organization?	5a		
b		5b	_	<del>                                     </del>
	If "Yes" on line 5a or 5b, describe in Part III	-		<u> </u>
	II Tes Offine da di du, describe ili Fait III	1	}	
	Francisco listed on Form 000, Port VIII. Cooking A. line to did the exemptation pay of poortio pay			ļ <u>,</u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	٠.		`.
	compensation contingent on the net earnings of			
a	The organization?	6a	ļ	<del> </del>
b	,	6b		
	If "Yes" on line 6a or 6b, describe in Part III	,	-	
			<u></u>	<u> </u>
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	7		L
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	1		
	ın Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		<u></u>

59-1517872

Schedule J (Form 990) 2019 ORLANDO CREDIT UNION

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

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

Note: The sum of columns (B)(1)-(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. instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (b)(1)-(iii) for each listed individual must equal the total amount of roth 950, Part VII, Section A, life is applicable column (b) and (c) amounts for that moving an individual must equal the total amount of the sum	or each	IIsted individual m	ist equal the total am	ount of Form 990, FA	n vii, section A, line Ta,	applicable column (D) and	בן אוווטטווגא וטו נוומנ וווטואוג	luai.
	_	(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ı) Base	(ii) Bonus & incentive	(III) Other reportable	other deferred compensation	benefits		in column (B) reported as deferred on prior
		compensation	compensation	compensation				Form 990
SUZANNE WEINSTEIN	ε	248,669	36,736	14,113	0	9/2/9	306,094	0
1 PRESIDENT CEO	<u>(E)</u>	0	0	0	0	0	0	0
THOMAS DOBBS	(:)	147,454	18,437	0	0	0	165,891	0
2 CFO	(ii)	0	0	0	0	0	0	0
ANTHONY M NIETO	(3)	137,153	21,341	0	0	0	158,494	0
3 VP LENDING	(ii)	0	0	0	0	0	0	0
	(i)							
4	(E)							
	€							
5	€							
	€							
9	<u> </u>							
	8							
7	<u> </u>							
	€							
80	<u> </u>							
	()							
6	▣							
	Ξ							
10	<u>.                                    </u>							
	(:)							
11	(ii)							
	] (j)							
12	(E)							
	Ξ							
13	<u>(E)</u>							
	Ξ							
14	€							
	€							
15	Œ							
	€							
16	(ii)				1			
EEA							Sch	Schedule J (Form 990) 2019

#### **SCHEDULE O** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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 WI	SH 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 INTERNA	L REVENUE
SERVICE	
<del></del>	
03. Conflict of interest policy compliance (Part VI, line 12c)	···········
THE CREDIT UNION MAINTAINS COMPLIANCE WITH THEOR CONFLICT OF INTEREST PO	LICY
04. CEO, executive director, top management comp (Part VI, line 15a)	
EXECUTIVE COMPENSATION IS REVIEWED BY COMPENSATION COMMITTEE	
	<del></del>
05. Other officer or key employee compensation (Part VI, line 15b	
COMPENSATION IS BASED ON INDEPENDENT STUDIES PERFORMED BY VARIOUS ORGANI	ZATIONS WITHIN THE
CREDIT UNION INDUSTRY	
	- <del></del>
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 X	I, line 9)
INITIAL YEAR OF FORM 990. BEGINNING BALANCE	