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Department of the

Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493113013030 OMB No. 1545-0047

> Open to Public Inspection

Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable: CONSUMER CREDIT UNION ☐ Address change 62-0962107 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3634 E ANDREW JOHNSON HWY ☐ Amended return ☐ Application pending (423) 639-6131 City or town, state or province, country, and ZIP or foreign postal code GREENEVILLE, TN $\,$ 37745 $\,$ G Gross receipts \$ 21,207,018 Name and address of principal officer: H(a) Is this a group return for AMANDA KILDAY □Yes ☑No subordinates? 3634 E ANDREW JOHNSON HWY H(b) Are all subordinates GREENEVILLE, TN 37745 ☐ Yes ☐No included? ☐ 501(c)(3) **☑** 501(c) (14) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.CONSUMERCREDITUNION.COM L Year of formation: 1953 K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities: FINANCIAL SERVICES Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 11 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 103 11 **6** Total number of volunteers (estimate if necessary) 6 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 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 11,092,037 9 Program service revenue (Part VIII, line 2g) . 12,338,856 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,345,303 1,733,776 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,829,470 3,585,395 16,266,810 17,658,027 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 5,518,695 5,753,509 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,509,217 9,833,741 14,027,912 15,587,250 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 2,238,898 2,070,777 Net Assets or Fund Balances **Beginning of Current Year** End of Year 450,881,230 490,308,341 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 405,892,766 441,476,890 22 Net assets or fund balances. Subtract line 21 from line 20 . 44,988,464 48,831,451 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 Signature of officer Sign Here Susan Acuff Senior VP/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | if Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no. ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2019)				Page 2
Pa	rt III Stateme	ent of Program Service Acc	complishments		
	Check if S	chedule O contains a response or	note to any line in this Part III		🗆
1		he organization's mission:			
OF D	IDE FINANCIAL SE EPOSITS, IRAS, ECS, AND STAMPS.	ERVICES FOR MEMBERS (42,955 CT. ALSO PROVIDE OTHER SERVI	AS OF 12/31/19) INCLUDING LOANS, CES SUCH AS ATM/DEBIT CARDS, CRE	SAVINGS AND CHECKING AC EDIT CARDS, TRAVEL CARDS,	COUNTS, CERTIFICATES MONEY ORDERS, LOCK
2	Did the organizat	ion undertake any significant pro	gram services during the year which w	vere not listed on	-
	•	90 or 990-EZ?			☐ Yes ☑ No
3	•		gnificant changes in how it conducts, a	any program	
	services?				☐ Yes 🗹 No
4	Describe the orga Section 501(c)(3		nplishments for each of its three larges required to report the amount of gran service reported.		
4a	(Code: See Additional Data) (Expenses \$	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program so	ervices (Describe in Schedule O.) 0 including	grants of \$ 0) ((Revenue \$	0)
4e		service expenses >	0	· '	
<u> </u>					Form 990 (2019)

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12a

12b

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14a

14b

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20a

20b

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Yes

Nο

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Par	Part IV Checklist of Required Schedules									
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\Gamma = -$	No						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4								
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No						
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No						
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No						
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.									
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes							
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		No						
	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		No						
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No						
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes							
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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

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

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

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

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

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

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

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

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?
 If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
 Did the organization maintain an office, employees, or agents outside of the United States?
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

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	Checklist of Required Schedules (continued) Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Yes	No
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Yes	N-
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III			INC
•	Did the erganization answer "Vec" to Bort VII. Section A. line 3. 4. or 5 about compensation of the erganization's current!	22		No
•	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		N:
	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 persons? <i>If "Yes," complete Schedule L,</i> Part III	27		N
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N N
	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		N
	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		N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	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		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ırt	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	• ;		ᆜ
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6,602		Yes	N
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			

1c

De	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3	
2a	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				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
	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)? If "Yes," enter the name of the foreign country:	4a		No	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b			
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	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?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 12		Yes	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
3	officer, director, trustee, or key employee?	3		No No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	_
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed► TN			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
	►SUSAN ACUFF 3634 E AJ HWY GREENEVILLE, TN 37745 (423) 639-6131			

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the ganization, more than \$10,000 of reportable compensation from the organization and any related organizations

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	Positio tha pers and	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D)	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) RICHARD SIMPSON BOARD MEMBER	0	Х						0	0	0
(2) ROYCE GRAHAM BOARD CHAIRMAN	0.00	Х		х				0	0	0
(3) LARRY COUGHLIN BOARD MEMBER	0	Х						0	0	0
(4) MARCIA WHALEY BOARD VICE CHAIRMAN	0	Х		x				0	0	0
(5) ANDREW RENNER BOARD TREASURER	0	Х		х				0	0	0
(6) BRIAN COOK BOARD MEMBER	0	Х						0	0	0
(7) BURTON GOOGE BOARD MEMBER	0	Х						0	0	0
(8) GEORGE HARRIS BOARD MEMBER SECRETARY	0	Х						0	0	0
(9) TOM HOPSON BOARD MEMBER	0	Х						0	0	0
(10) HEATHER PATCHETT BOARD MEMBER	0	Х						0	0	0
(11) SAM MILLER PRESIDENT	40	Х		x	х	Х		386,179	0	0
(12) CYNTHIA PECTOL BOARD MEMBER	0	Х						0	0	0
(13) LEROY GRAY EXECUTIVE VP	40					х		142,445	0	0
(14) REBECCA MONTGOMERY PRESIDENT/KNOXVILLE DIVISION	40					х		126,946	0	0
(15) BRIAN ALLEN SVP/CHIEF INFORMATION OFFICER/COMPLIANCE	40					Х		139,032	0	0
(16) SUSAN ACUFF SVP/CFO	40					х		139,909	0	0
(17) DEBBIE COLLINS SVP/COO	40					х		133,151	0	0
										Form 990 (2019)

compensation from the organization ▶

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

organizations below dotted line) Description Descrip	Name and title		Average hours per week (list any hours for related	than d	one b	ox, in of tor/t	t ch unle: ficer	eck mess pers r and a ee)	son	Reportable compensation from the organization (W-2/1099-	able Reportable ation compensation he from related tion organization		Estimated amount of other compensation from the organization and		
c Total from continuation sheets to Part VII, Section A			organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	124	Former				relat	ed	
c Total from continuation sheets to Part VII, Section A					-							\dashv			
c Total from continuation sheets to Part VII, Section A												+			
c Total from continuation sheets to Part VII, Section A												\perp			
c Total from continuation sheets to Part VII, Section A					_							\dashv			
c Total from continuation sheets to Part VII, Section A					\vdash							+			
c Total from continuation sheets to Part VII, Section A												\perp			
c Total from continuation sheets to Part VII, Section A ▶ d Total (add lines 1b and 1c)															
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10 Yes N Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							•	}							
The services rendered to the organization? If "Yes," complete Schedule J for such individual J for such individual J for such individual J for such individual Services rendered to the organization? If "Yes," complete Schedule J for such individual J for such individual J for such individual Services rendered Contractors Yes N N N N N N Yes N N N N N Section B. Independent Contractors		Total number of individuals (includin	g but not limited	to thos				▶ e) who	rece		\$100,000	0			
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		of reportable compensation from the	e organization >	10									Ves	No	
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	3				ee, k					•	ed employee on		103	110	
individual	4	For any individual listed on line 1a, i	s the sum of rep	ortable		ensa	- atior	n and o	ther	compensation fr		3		No	
services rendered to the organization? If "Yes," complete Schedule 1 for such person			ns greater than s	150,00	0? <i>If</i> •	"Yes	s," c	omple •	te Sc • •	hedule J for such		4	Yes		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation	5	, ,		•			•			-		5		No	
		•		1:1					11 1		±100 000 f				
	1		ensation for the o								tion's tax year.	mpen			
(A) Name and business address (B) Description of services Compensation		Name		ess						D					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of		otal number of independent contracts	ors (including but	not lim	nited :	to th	nce	listed	abov	(e) who received	more than \$100 0	inn of			

		(2019)	of F	Pavanua						Page 9
Part	VIII				a respo	nse 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
s	1a	Federated campa	igns	· .	1 a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	Ŀ	b Membership dues	5.	•	1b					
. G.	(c Fundraising even			1c	_				
ifts, ar A	(d Related organizat			1d					
s, G	•	e Government grants			1e					
ioi	f	F All other contributio and similar amounts	ns, g s not	jifts, grants, included	1f					
tributio Other	ي	above g Noncash contributio	ns in	cluded in		_				
Contrand C		lines 1a - 1f:\$			1g					
<u>၂</u>	<u> </u>	h Total. Add lines 1	1a-1	f	• •	•	0	Ţ		
		INTEREST ON LOANS				Business Code	12,338,856	12,338,856	0	0
<u>e</u>	2a	INTEREST ON LOANS				522130	,,	,,		
Ven	b									
Program Service Revenue										
rvic	C	-								
~ %	d									
grar	e									
Æ	_						0	0	0	0
		All other program				12 220 056				
	—	Total. Add lines 2 Investment income				12,338,856 nterest, and other				
	s	similar amounts) .				>	1,729,87	0 1,729,876		
		Income from invest Royalties		it or tax-exe			<u> </u>	0 0		0
		,		(i) Re		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	<u></u>				1			
	_	expenses Rental income	6b				_			
		or (loss)	6 c		0	(<u>)</u>			
	d	Net rental income	or ((loss) (i) Secur		(ii) Other				
	7a	Gross amount					1			
		from sales of assets other	7a	3,	246,000	306,891				
	ь	than inventory Less: cost or					1			
		other basis and sales expenses	7b	3,	246,000	302,991	-			
	c	Gain or (loss)	7c		0	3,900				
		Net gain or (loss)	\Box				3,90	3,900	0	o
ø	8a	Gross income from fu (not including \$	ındrai	ising events of						
eun		contributions reported See Part IV, line 18		line 1c).						
Other Revenue		Less: direct expen			8a 8b		_			
er	l	: Net income or (los				ents				
	0-	Gross income from	aami	ing activities						
		See Part IV, line 19			9a					
		Less: direct expen			9b]			
	C	: Net income or (los	s) fr	om gaming	activiti	es >	Ī			
	10a	aGross sales of inve	entor	ry, less						
	 	returns and allowa Less: cost of goods			10a 10b		-			
		Net income or (los				orv >	J			
		Miscellaneo				Business Code				
	11	aFEE INCOME				522130	1,980,71	8 1,980,718	0	0
	 L	OTHER THREE				522130	1,604,67	7 1,604,677	7 0	0
	"	OTHER INCOME				322130	1,004,07	1,004,077		
	c				-					
	d	All other revenue	•					0 (0	0
	e	Total. Add lines 1	1a-1	11d			3,585,39	5		
	12	Total revenue. Se	ee ir	nstructions		• • • •	17,658,02	7 17,658,027	0	0
										Form 990 (2019)

Pa	Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c	•	-		olumn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	386,179			
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	3,936,440			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	360,000			
9	Other employee benefits	742,095			
10	Payroll taxes	328,795			
11	Fees for services (non-employees):				
а	Management				
b	Legal	3,493			
c	Accounting	75,918			
d	Lobbying				
е	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	179,265			
13	Office expenses	886,217			
14	Information technology	1,890,886			
15	Royalties				
16	Occupancy	504,423			
17	Travel	28,196			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	38,041			
20	Interest	4,923,130			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	553,531			
23	Insurance	317,299			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a				
	5				
•					
	d				
	e All other expenses	433,342			
25	Total functional expenses. Add lines 1 through 24e	15,587,250	0	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

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33

Liabilities 22

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

334.401.932

885,976

11,219,482

80,842,926

128,711

14,960,511

490,308,341

24,045,803

417,431,087

441,476,890

20,479,818

28.351.633

48,831,451

490,308,341

Form 990 (2019)

0

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

		beginning or year		End of year
1	Cash-non-interest-bearing	6,583,381	1	7,583,
2	Savings and temporary cash investments	3,150,736	2	40,285,
3	Pledges and grants receivable, net		3	

Accounts receivable, net .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 361.586.427 Notes and loans receivable, net . . .

Inventories for sale or use . .

Assets

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

b Less: accumulated depreciation

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> <a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

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

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

10a 10b

Investments—publicly traded securities .

18,507,860 7,288,378

11,657,462 54,253,815

1,328,120

157,780

12,163,509

450,881,230

32,240,139

373,652,627

405.892.766

18,507,609

26.480.855

44,988,464

450,881,230

4

5

6

7

10c

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12 13

14

15

16

17

25

26

27

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29

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33

0 30

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

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

3a

3h

Nο

Form 990 (2019)

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 19009572 **Software Version:** v1.00

EIN: 62-0962107

Name: CONSUMER CREDIT UNION

Form 990 (2019) Form 990, Part III, Line 4a:

PROVIDE SERVICES FOR MEMBERS IN THE FORM OF LOANS, SAVINGS AND CHECKING ACCOUNTS, CERTIFICATES OF DEPOSITS, IRAS ECT. ALSO PROVIDE OTHER SERVICES SUCH AS ATM/DEBIT CARDS, CREDIT CARDS, TRAVEL CARDS, GIFT CARDS, MONEY ORDERS, LOCK BOXES, AND STAMPS. (42,955 MEMBERS AS OF 12/31/19)

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493113013030

Schedule D (Form 990) 2019

Cat. No. 52283D

2019

OMB No. 1545-0047

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.

Open to Public

Department of the Treasury

(Form 990)

tern	al Revenue Service ► Go to <u>www.irs.gov/Fe</u>	<u>form990</u> for instructions and the latest info	rmation. Inspection
	me of the organization NSUMER CREDIT UNION		Employer identification number
В-	Our animations Maintaining Dancy A	duised Funds on Other Cinciles Funds	62-0962107
l e	Organizations Maintaining Donor Ac Complete if the organization answered	dvised Funds or Other Similar Funds of "Yes" on Form 990, Part IV, line 6	or Accounts.
	Complete if the organization unoversa	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advorganization's property, subject to the organization's		
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do private benefit?	d donor advisors in writing that grant funds can onor or donor advisor, or for any other purpose	be used only for
Pai	rt II Conservation Easements. Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recrea	ation or education)	historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		certified installe structure
2	Complete lines 2a through 2d if the organization hele easement on the last day of the tax year.	ld a qualified conservation contribution in the fo	rm of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) as structure listed in the National Register	cquired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transfetax year ▶	erred, released, extinguished, or terminated by	the organization during the
1	Number of states where property subject to conserv	/ation easement is located ▶	
5	Does the organization have a written policy regardin and enforcement of the conservation easements it h	ng the periodic monitoring, inspection, handling nolds?	of violations,
5	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforcing o	
7	Amount of expenses incurred in monitoring, inspecti	ing, handling of violations, and enforcing conser	vation easements during the year
3	Does each conservation easement reported on line 2 and section $170(h)(4)(B)(ii)$?		.70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports c balance sheet, and include, if applicable, the text of	the footnote to the organization's financial state	ense statement, and
ar		ons of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered		
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIII, the text of the footnote to its fi	for public exhibition, education, or research in t	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for proceeding 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, his following amounts required to be reported under SFA	storical treasures, or other similar assets for fina	
а	Revenue included on Form 990, Part VIII, line 1	, , ,	> \$
b	Assets included in Form 990, Part X		> \$

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

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$ **d** Equipment

Jene	dule D	(10111 990) 2019								Page
Par	3111	Organizations Maintain	ing Collections	of Art, Histo	rical T	reasu	ires, or	Other Similar A	ssets (c	ontinued)
3		the organization's acquisition, (check all that apply):	accession, and other	·	,	the fol	llowing th	at are a significant	use of its	collection
а		Public exhibition		d		Loan	or excha	nge programs		
b		Scholarly research		e		Other	r			
c		Preservation for future general	tions							
4	Provid Part X	le a description of the organiza		explain how	they furt	her the	e organiza	ation's exempt purp	ose in	
5		g the year, did the organization s to be sold to raise funds rathe							☐ Yes	s 🗆 No
Par	t IV	Escrow and Custodial A Complete if the organizati X, line 21.		" on Form 9	90, Parl	IV, lii	ne 9, or	reported an amo	unt on F	orm 990, Part
1a		organization an agent, trustee ed on Form 990, Part X?							☐ Yes	s 🗆 No
b	If "Ye	s," explain the arrangement in	Part XIII and comple	ete the followi	na table		Γ	- 1	Amount	
c		ning balance			-			1c		
d	-	ons during the year						1d		
е		outions during the year						1e		
f		g balance						1f		
2a	Did th	- ie organization include an amou	ınt on Form 990. Pa	t X. line 21. f	or escro	w or cu	- stodial ac	count liability?		
b		s," explain the arrangement in						·	_	, <u> </u>
	rt V	Endowment Funds.	rait XIII. Check her	e ii tile explait	ation na	3 Deen	provided	mrait XIII		
		Complete if the organizati	on answered "Yes	on Form 9	90, Parl	: IV, lii	ne 10.			
			(a) Curre) Prior ye			ars back (d) Three ye	ears back ((e) Four years back
1a	Beginni	ing of year balance								
b	Contrib	utions								
С	Net inv	estment earnings, gains, and lo	osses							
d	Grants	or scholarships								
		expenditures for facilities ograms								
f	Admini	strative expenses								
g	End of	year balance								
2	Provid	le the estimated percentage of	the current year end	l balance (line	1g, colu	ımn (a))) held as	:		
а	Board	designated or quasi-endowme	nt 🕨							
b	Perma	anent endowment ►								
С	Temp	orarily restricted endowment >								
	The p	ercentages on lines 2a, 2b, and	l 2c should equal 10	0%.						
3a		ere endowment funds not in thization by:	e possession of the	organization t	hat are h	neld and	d adminis	stered for the		Yes No
	(i) un	related organizations								(i)
		elated organizations				•			<u> </u>	(ii)
b		s" on 3a(ii), are the related org		•		₹? .			. 3	b
4		ibe in Part XIII the intended us		n's endowmer	nt funds.					
Pal	t VI	Land, Buildings, and Eq Complete if the organizati		" on Form 9	90. Parl	TV. lii	ne 11a	See Form 990 Pa	art X. line	e 10.
	Descri		Cost or other basis (investment)	(b) Cost or oth				mulated depreciation		d) Book value
1a	Land		0		2.5	36,350				2,536,35
		gs	0			24,086		3,665,969		7,958,11
-					, -			, , , , , , , , , , , , , , , , , , , ,		, ,

0

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

4,321,819

25,605

725,015

3,596,804

25,605

	Investments—Other Securities.				
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)	ine 11b	(c) Metho	d of valuation:
	(including name of security)	Book value		Cost or end-or-	year market value
 (1) Financia (2) Closely- (3)Other 	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•			
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, I	ne 11c	. See Form 990, (b) Book value	Part X, line 13. (c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, liı		See Form 990, Par	t X, line 15. (b) Book value
(1)	(a) Description				(D) BOOK Value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•
1.	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	art IV, lii	ne 11e	or 11f.See Form	990, Part X, line 25. (b) Book value
	income taxes				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	n (h) must equal Form 000 Part V and (D) III - 25)				447 424 22-
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	te to the o	rganizat	ion's financial state	417,431,087 ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided in Part XIII 🔲

Part XI

2

2

3

а

Schedule D (Form 990) 2019

1,772,210 17,658,027

17,658,027

15,587,250

15,587,250

15,587,250

Page 4

С	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not o
а	Investment expenses not included on Form 990, Part VIII, li
b	Other (Describe in Part XIII.)
c	Add lines 4a and 4b
5	Total revenue. Add lines 3 and 4c. (This must equal Form 9
Par	XII Reconciliation of Expenses per Audited F
	Complete if the organization answered 'Yes' o
1	Total expenses and losses per audited financial statements

Donated services and use of facilities . .

Prior year adjustments

Other (Describe in Part XIII.)

Subtract line 2e from line 1 .

Return Reference

Add lines 2a through 2d .

Other losses .

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

Net unrealized gains (losses) on investments

Donated services and use of facilities . .

	2b				0		
	2c				0		
	2d				0		
						2e	
						3	
on line 1 :							
line 7b .	4a				0		
	4b				0		
						4c	
990, Part I, line 12.)						5	
Financial Statem on Form 990, Part			pei	ıses	per F	letur	n.

2a

2a

2b

2c

2d

4a

4h

1,772,210

1

2e 3

4c

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

Amounts included on Form 990, Part IX, line 25, but not on line 1:
Investment expenses not included on Form 990, Part VIII, line 7b
Other (Describe in Part XIII.)
Add lines 4a and 4b
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa
XIII Supplemental Information
de the descriptions required for Part II. lines 3, 5, and 9: Part III.

Amounts included on line 1 but not on Form 990, Part IX, line 25:

3	and	4c.	(Th	is m	ust
al	Inf	orr	nat	ion	
ed	for	Part	ΞII,	lines	s 3,
Œ,	, line	s 20	d an	d 4b). A

c	Add lines 4a and 4b
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
Par	XIII Supplemental Information
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

990, Part VIII, line 7b .

Explanation

Schedule D (Form 990) 2019

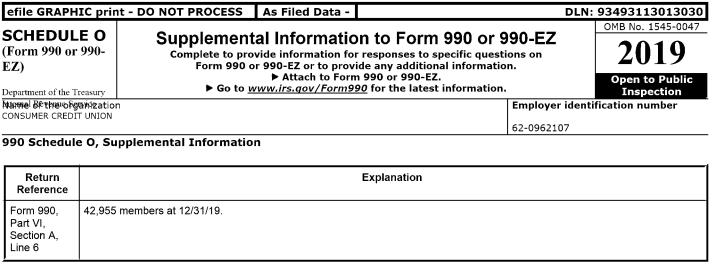
Schedule D (Form 990) 2019 Part XIII Supplemental Infor	mation (continued)	Page 5
Return Reference	Explanation	
		Schedule D (Form 990) 2019

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49311	3013	030
Schedule J (Form 990)		C	ompensat	ion Information	OI	MB No.	1545-0	0047
		► Attach to Form 990.)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	o <u>v/Form990</u> for	instructions and the latest infor	mation.	Open t Insp	to Pul ectio	
Nar	ne of the organiz				Employer identifica			
CON	ISUMER CREDIT UNI	ION			62-0962107			
Pa	rt I Questi	ons Regarding Compensa	ntion					
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payment	_	Health or social club dues or initiati				
	□ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	rreur, cner)			
b				follow a written policy regarding pay ve? If "No," complete Part III to exp		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	ees, officers, including the CEO/	executive Directo	r, regarding the items checked on Li	ne la?			
3				ed to establish the compensation of t	he			
				not check any boxes for methods CEO/Executive Director, but explain	in Part III.			
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations		Approval by the board or compensation	ation committee			
4		, did any person listed on Form	990, Part VII, Se	ction A, line 1a, with respect to the f				
	_							l
a L		ance payment or change-of-cor				4a 4b		No
b c	•		•	ified retirement plan?		4D 4c		No No
·	• •		,	plicable amounts for each item in Par				
	, ,,,	5), 501(c)(4), and 501(c)(29	, ,	· ·				
5	For persons liste compensation c	ed on Form 990, Part VII, Section contingent on the revenues of:	on A, line 1a, did	the organization pay or accrue any				
a	=	n?				5a		
b		anization?				5b		
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b						6 b		<u> </u>
	•	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		
9				presumption procedure described in		9		
For F	Paperwork Redu	uction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 1	50053T Schedule J	(Form	1990)	2019

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

			y Employees, and Hi					
instructions, on row (i	i). Do no	ot list any individuals tha	rted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII.	.,	-	·	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS (ii) Bonus & incentive	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
		compensation	compensation	(iii) Other reportable compensation	compensation			as deferred on prior Form 990
1 SAM MILLER PRESIDENT	(i)	367,179	0	0	19,000	0	386,179	0
	(ii)	0	0	0	0	0	0	0
2 LEROY GRAY EXECUTIVE VP	(i)	123,445	0	0	19,000	0	142,445	0
	(ii)	0	0	0	0	0	0	0
_								





Return Explanation
Reference

Line 7a

Form 990,
Part VI,
Section A.

Members vote by mail ballot annually for open positions on the Board of Directors.

Return Explanation
Reference

Line 7b

Form 990,
Part VI,
Section A,

Certain situations (such as mergers) require vote by the membership.

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, No review is conducted. Part VI,

Section B, Line 11b

Return Explanation
Reference

Line 12c

Form 990,
Part VI,
Section B.

Return Explanation
Reference

Form 990,
Part VI,
Section B,
Line 15

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19