2949304008722

For Paperwork Reduction Act Notice, see the separate instructions. DAA

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

Do not enter social security numbers on this form as it may be made public Department of the Treasury Internal Revenue Service ▶ Go to www irs gov/Form990 for instructions and the latest information

Open to Public Inspection

<u>A</u>	For ti	ne 2018 c	alendar year, or tax year beginning		, and ending				
В	Check if	applicable	C Name of organization					D Employer	identification number
П.	Address	change	ARBUCKLE I	TEDERAL	CREDIT UNION	<u> </u>			
$\overline{\sqcap}$	Name ch	anne	Doing business as					73-0	763907
	INAIINE CI	lange	Number and street (or P O box if mail is not deliver	ed to street addr	ess)		Room/suite	E Telephon	
_	Initial ret		317 S. BROADWAY					580-	332-0181
	Fınal reti terminati		City or town, state or province, country, and ZIP or	•					
$\overline{}$	Amende		ADA	OK 7482	20			G Gross rece	eipts \$ 451,649
\equiv			F Name and address of principal officer				H(a) Is this a gi	oun roturn for cu	ibordinates? Yes X No
	Applicati	on pending	SHARILEE STRICKLAND				n(a) is this a gi	oup return for st	
			8114 DIAGONAL 1405	ROAD			H(b) Are all su	bordinates incli	uded? Yes No
	_		CALVIN	OK	74531	14	If "No	," attach a list	see instructions)
1	Tax-exe	empt status	501(c)(3) X 501(c) (14) ◀	(insert no)	4947(a)(1) or	527			
J	Websit	. ▶ a	rbucklefcu.com	1			H(c) Group ex	emption numbe	•
ĸ	Form of	organization	Corporation Trust Association	X Other ▶	CREDIT UNI	ON L	Year of formation	.966	M State of legal domicile OK
P	art I	Su	mmary		1				
	т		scribe the organization's mission or most s	significant act	tivities				
d)		•	Schedule O	· · · · · · · · · · · · · · · · · · ·					
č									
Г									
Š	١,	Check the	a hay N C of the arganization discontinu	ad ita anarati	ana ar dianasad af m	nara than 2	EO/ of its not one	a.ta	
ဗိ	2		· · · · · · · · · · · · · · · · ·			nore than 2	5% of its net ass	1 1	7
مخ	3		of voting members of the governing body (3	
	9 4		of independent voting members of the gove					4	7
.₹.	5	Total nun	iber of individuals employed in calendar ye	ear 2018 (Pa	rt V, line 2a)			5	4
Δ,	6	Total nun	ber of volunteers (estimate if necessary)					6	0
1	7a	Total unre	elated business revenue from Part VIII, col	umn (C), line	12RECEIVE	D		7a	0
<u> </u>	b	Net unrel	ated business taxable income from Form 9	90-T, line 38	NEOLIVE			7b	0
<u> </u>				Q		19 SO-S	Prior Ye		Current Year
قرز	8	Contribut	ons and grants (Part VIII, line 1h)	C100	JAN 2 2 201	19 121		7,199	12,636
졅	9	Program	service revenue (Part VIII, line 2g))	6,466	420,522
Revende W (13NActivities & Governance	10	Investme	nt income (Part VIII, column (A), lines 3, 4,	and 7d)	OCDENI		1	2,505	18,491
	11	Other rev	nt income (Part VIII, column (A), lines 3, 4, enue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and	11 POULIN, C	<u></u>			0
ာ	12	Total reve	enue – add lines 8 through 11 (must equal	Part VIII, col	umn (A), line 12)		41	6,170	451,649
, .	13	Grants ar	id similar amounts paid (Part IX, column (A	A), lines 1-3)					0
	14	Benefits :	paid to or for members (Part IX, column (A), line 4)			2	4,984	27,508
S	15	Salaries.	other compensation, employee benefits (F	art IX. colum	ın (A), lines 5–10)		14	8,111	162,617
Se	1		nal fundraising fees (Part IX, column (A), I		(,,		-		0
xpenses	1		draising expenses (Part IX, column (D), line	•		0			
Ä	I		enses (Part IX, column (A), lines 11a–11d	•			22	8,945	238,916
	ı	-	enses Add lines 13–17 (must equal Part I		\ line 25\			2,040	429,041
	I	•	less expenses Subtract line 18 from line		_{J1} iiile 23)			4,130	22,608
- S		Revenue	less expenses Subtract line to from line	12			Beginning of Cu		End of Year
ance	20	Total acc	ets (Part X, line 16)					3,248	7,648,569
Ass. Ball	24		lities (Part X, line 26)					1,141	65,123
Net Assets or Fund Balances	22		s or fund balances Subtract line 21 from I	no 20				2,107	7,583,446
	art II		anature Block	ine 20	<u> </u>		1,55	2,10,	1,303,440
									
	-		erjury, I declare that I have examined this retur implete Declaration of preparer (other than offi						viedge and belief, it is
		COI, and oc	Andrew Section of property former trial of		·_· ·		nas any microcag		
.			XXX CONTRACTOR	James	3)			Date	
Sig			gnature of officer						1-17-19
He	re	-	SHARILEE STRICKLAND			PRES.	IDENT/CEC	<u>, </u>	1 1 / 1 1
			/pe or print name and title	Τ			- 1 -		
.	_	Print/Type	preparer's name	Preparer's sign	nature		Date	Check	If PTIN
Paid -		KYLE C	. JACKSON	KYLE C.			01/17	/19 self-em	
	parer	Firm's nai			, PC			Firm's EIN	47-2045145
Use	Only		1230 Oklahoma	Plaza			T		
		Firm's add	ress • Ada, OK 74820	-2291				Phone no	580-436-1066
Mav	the IF		s this return with the preparer shown above		uctions)	_			X Yes No

	ARBUCKLE FEDERAL		763907	Page 2
	Statement of Program Services of Schools of	vice Accomplishments s a response or note to any line in this F	Part III	X
	cribe the organization's mission	s a response of flote to any line in this r	artin	
See Sch	edule O			
	anızatıon undertake any sıgnıficant 990 or 990-EZ?	program services during the year which were not	listed on the	Yes X No
	scribe these new services on Sche	dule O		res no
		ce significant changes in how it conducts, any prog	ıram	
services?				Yes X No
	scribe these changes on Schedule e organization's program service a	ocomplishments for each of its three largest progr	am services, as measured by	
		panizations are required to report the amount of gr		
the total exp	penses, and revenue, if any, for ea	ch program service reported		
4a (Code) (Expenses \$	including grants of \$) (Revenue \$	
	D LOANS AND DEPOS		, ,	,
4b (Code) (Expenses \$	including grants of \$) (Revenue \$	
N/A) (IAPONOGO V	manaanig granie er v	, (,
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
N/A	, (<u></u>	moroung grame or 4	, (,
44 04	In an annual (Dagamba in Cabada)			
4d Other programmes (Expenses	ram services (Describe in Schedule \$ inc		Revenue \$)
	am service expenses ▶			· · · · · · · · · · · · · · · · · · ·

CDLO Page 3

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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	3	X	
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,			77
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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			77
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		
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	•		x
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		x
	endowments, permanent endowments, or 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			
а		440	x	
_	Complete Schedule D, Part VI	11a	Λ	-
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		X
_		מוו		
С	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		X
d		116		- 11
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's stability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· · · ·		
24	Schedule D. Parts XI and XII	12a		X
b		120		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
•	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		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
•	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

_ Pa	art IV Checklist of Required Schedules (Continued)			
		<u> </u>	/es	No
22 .	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	2	\dashv	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		X
24a		+		
£-40	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		4a		X
b		4b		
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?	1c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	4d		
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	5a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ł		
	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	5b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	6	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			••
		7	\dashv	<u> </u>
28	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)	.		v
a		Ва	-	<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	вь		X
С	Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	10	\dashv	
·		Bc		x
29	· · · · · · · · · · · · · · · · · · ·	9	\dashv	<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
		0		X
31		1		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
		2		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	3		<u> </u>
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	4		<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	5a 📗	_	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		l	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	5b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	ŀ	1	
		6	\dashv	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		77
		7	\dashv	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_ .	. l	
		8	X	—
٢3	art V Statements Regarding Other IRS Filings and Tax Compliance Check if School de O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	Τ.	res	<u> </u>
1-	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	+	es	No
1a h				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and			
С		c	$_{\mathbf{x}}$	
_	reportable gaining (gameing) winnings to prize willters			(2018)
				, · - /

	Int V Statements Regarding Other IRS Filings and Tax Compliance (Continu	icu/		· ·	
_	The state of the s	1		Yes	No
2a·	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 4			
_	Statements, filed for the calendar year ending with or within the year covered by this return		\dashv $_{\sim}$	x	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	57	_2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	11	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au		40		х
_	a financial account in a foreign country (such as a bank account, securities account, or other financial a	ccounty	4a	_	
D	If "Yes," enter the name of the foreign country	equate (EBAB)			
c -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)	E2		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on c	5b	-	A
C	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		6a		х
_	organization solicit any contributions that were not tax deductible as charitable contributions?	· or	Oa Oa		- 12
b	If "Yes," did the organization include with every solicitation an express statement that such contributions qifts were not tax deductible?	5 OI	6b		
7			90		
7	Organizations that may receive deductible contributions under section 170(c).	nde			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ous	7a		
b	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		75		
·	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		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		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		- 111		
•	sponsoring organization have excess business holdings at any time during the year?	,	8		
9	Sponsoring organizations maintaining donor advised funds.				
a	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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O		Ì		
b	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	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C)	14b]	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or			
	excess parachute payment(s) during the year?		15		X
	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 in	come?	16		X
	If "Yes," complete Form 4720, Schedule O			لــِــا	

Form	990 (2018) ARBUCKLE FEDERAL CREDIT UNION 73-0763907					age 6				
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	Schea	lule O See	ınstruc	tions					
<u></u>	Check if Schedule O contains a response or note to any line in this Part VI					_X				
Sec	tion A. Governing Body and Management				Γ.,	·				
4.		ایما	. 7		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		-						
	If there are material differences in voting rights among members of the governing body, or				İ					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1.5	<u> </u>	1						
-	any other officer, director, trustee, or key employee?			2		x				
3	Did the organization delegate control over management duties customarily performed by or under the direct			<u> </u>	-					
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		x				
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint									
	one or more members of the governing body?			7a	X					
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		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
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		X				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	<u>evenue C</u>	ode)						
40-	Did the assessment on house level should be about any househor as affiliates?			40-	Yes	No X				
10a	Did the organization have local chapters, branches, or affiliates?			10a						
þ	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 t	ne forr	n2	11a	х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1011		110						
12a				12a		x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	o conf	licts?	12b						
С	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	Did the organization have a written whistleblower policy?			13	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?									
а	The organization's CEO, Executive Director, or top management official			15a	X					
b	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a										
	with a taxable entity during the year?			16a		<u> </u>				
þ	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			401						
<u></u>	organization's exempt status with respect to such arrangements?			16b_						
	List the states with which a copy of this Form 990 is required to be filed OK									
17 18		ion FO	1(c)							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Sec	1011 50	1(0)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Wood Down request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interes	nolic	, and							
13	financial statements available to the public during the tax year	, policy	y, anu							
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s Þ								
	RBUCKLE CREDIT UNION 317 S BROADWAY	-								

OK 74820

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

X

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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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	bo	x, unl	Pos check ess pe	rson	than one is both an or/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TRESHA REYES									
	0.00								
CHAIRMAN	0.00	X		<u> </u>			0	0	0
(2) JOHN BURCHETT						1 1			
	0.00								
VICE CHAIRMAN	0.00	X			_	 	0	0	0
(3) MINISA WHEELER									
MDER CADED	0.00	x		ļ			0	0	0
TREASURER (4) JOHN TULLY	0.00	^	\vdash	-		┼	0	0	<u> </u>
(4) 50111 101111	0.00								
BOARD MEMBER	0.00	x					l o	o	0
(5) LYLE HEDGES	0.00		\vdash			 			
	0.00								
BOARD MEMBER	0.00	X					0	0	0
(6) RHONDA FARMER									
	0.00								
BOARD MEMBER	0.00	X					0	0	0
(7) WILLIAM WEAR									
	0.00				l				_
BOARD MEMBER	0.00	X					0	0	0
(8) DAWNA SHERRELL	0.00								
	0.00	٦,						o	_
SUPERVISORY COMMITTE (9) SUSAN MRAVIK	0.00	X	-	-			0		0
(9) SUSAN MRAVIR	0.00								
SUPERVISORY COMMITTE	0.00	x					0	o	0
(10) GUY SEWELL	0.00_	122				1 1			
(10,001 52,1222	0.00								
SUPERVISORY COMMITTE	0.00	X					0	o	0
(11) GARMON SMITH									
	0.00								
SUPERVISORY COMMITTE	0.00	X			ŀ		. 0	0	0

Part VII Section A. Officers								nd Highest Compensated					age c
• (A) Name and title	(B) Average hours per week (list any	bo	x, unf	Pos check ess pe	rson	than o s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe ompens	ited it of er sation	
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	6	from t organiza and rela rganiza	ation ated	
(12) JAMIE GREEN SUPERVISORY COMMITTE	0.00	x						0	0				0
(13) SHARILEE STR	CKLAND	-											
	40.00							70 001					^
PRESIDENT/CEO	0.00			X				79,001	0				0
											-		
		,											
1b Sub-total c Total from continuation she d Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion A	4			>	79,001 79,001					
2 Total number of individuals (in reportable compensation from				hose	e liste	ed at	ove) who received more than \$	\$100,000 of				
											\dashv	Yes	No
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	lule .	l for	such	ındı	vidua	1			_	3		X
4 For any individual listed on line organization and related organ													
<i>individual</i>Did any person listed on line 1	a receive or acc	rue c	omn	ensa	ition	from	anv	unrelated organization or i	ndıvıdual	-	4		X
for services rendered to the or	ganization? If "Y										5		X
Section B. Independent Contractor1 Complete this table for your five		neat	ed in	-den	ende	ent co	ntra	actors that received more th	an \$100,000 of		—		
compensation from the organi	zation Report co							ar year ending with or withi	n the organization's tax yea	<u> </u>		(C)	
Name and	(A) I business address						_	Descrip	(B) tion of services		Cor	(C) mpensa	tion
1													
		<u></u>										·	
2 Total number of independent or received more than \$100,000								e listed above) who	0				
DAA				2					<u>-</u>		Forr	n 990	0 (2018)

Pa	ırt V		ent of Reve f Schedule (ains a	response o	or note to any line	in this Part VIII		П
	•	<u> </u>			<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>इ</u>	1a	Federated camp	paigns	1a						
قق	ь	Membership du	es	1b						
A,C	c	Fundraising eve	ents	1c_						
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organiz	ations	1d						
is,	e	Government grants (co	ontributions)	1e						
S	f	All other contributions,	, gifts, grants,							
ξĒ		and similar amounts n	ot included above	1f		12,636				
50	g	Noncash contributions	included in lines 1a-	-1f \$;					
<u> </u>	h	Total. Add lines	1a–1f			•	12,636	-		
Program Service Revenue						Busn Code			:	
ver	2a	INTEREST	INCOME ON	LOANS			327,657	327,657		
8	b	INCOME F	ROM OPERATI	ONS			73,933	73,933		
ξ̈	С	INCOME F	ROM NSF/STO	P PAYN	ŒNTS		10,331	10,331	•	
Ser	d	INCOME F	ROM FEES				4,585			
ЭШ	e	INCOME F	ROM SALES				4,016	4,016		
<u>g</u>	f	All other program	m service reve	nue						
<u>~</u>	9	Total. Add lines	2a-2f				420,522			i .
	3	Investment inco	, •	dividend	ls, intere	st,				
		and other simila	,			▶	18,491	18,491		
	4	Income from inv	estment of tax	-exemp	bond pr	oceeds 🕨				
	5	Royalties				<u> </u>				
	_	_	(ı) Real		(u) F	Personal				
	6a	· -								
	b	Less rental exps								
	C	Rental inc or (loss)		1						
	d 7a	Net rental incom				011				
ĺ		sales of assets	(i) Securities		(11)) Other				
		other than inventory								
	b			1						
	_	basis & sales exps								
		Gain or (loss)				•				
		Net gain or (loss Gross income from	•	_{ste} [
ne	oa	(not including \$	i luliulaisilig evel	11.5						
Other Revenue		of contributions rep	norted on line 1c)							
Re		See Part IV, line 18		а						
her	h	Less direct exp		ь						
ō		Net income or (I			events					
		Gross income from			CVCIIIO					
		See Part IV, line 19		a						
	b	Less direct exp		ь	•					
		Net income or (I			uties .	•				
		Gross sales of i	-		,,,,,,,		· ·			
		returns and allo		а						
	b	Less cost of go		ь						
		Net income or (I			entory	•				
			llaneous Revenue			Busn Code				
	11a		 -							
	b									
	C									
	d	All other revenu	е							
	е	Total. Add lines				•				
	12	Total revenue.	See instruction	าร		 ▶	451,649	439,013	0	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		0.5000	goneraronponeos	Сиропосо
·	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	27,508			
5	Compensation of current officers, directors,				
	trustees, and key employees	79,001			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	58,505			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,383			
9	Other employee benefits	7,816			
10	Payroll taxes	13,912			
11	Fees for services (non-employees)				
a	Management				
b	ř	8,525			
c	Accounting	6,323			
	Lobbying Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O)				
12		17,800			
13	Office expenses	16,358			
14	Information technology	26,389			
15	Royalties		,		
16	Occupancy _	11,200			
17	Travel			,	-,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	16,100			
20	Interest	5,275			
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	29,395			
23	Insurance	16,795		-	
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)	47,934	-		
a	OPERATING EXPENSES	37,563			
b	LOAN LOSS DUES & SUBSCRIPTIONS	5,582			
C	DOES & SUBSCRIPTIONS	3,362			
d	All other expenses				
e 25	All other expenses	429,041	0	0	0
25 26	Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the	323,031	<u>_</u>		<u> </u>
	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)				

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 27,424 228,258 1 Cash-non-interest bearing 952,791 1,060,970 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 440,392 618,082 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 5,318,703 5,081,727 Notes and loans receivable, net Inventories for sale or use 7,381 21,084 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 700,835 other basis Complete Part VI of Schedule D 10a 268,472 448,831 b Less accumulated depreciation 10b 432,363 Investments—publicly traded securities 11 11 12 12 Investments-other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 13 13 14 14 Intangible assets 206,085 267,726 15 15 Other assets See Part IV, line 11 7,463,248 16 7,648,569 16 Total assets. Add lines 1 through 15 (must equal line 34) 71,141 65,123 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 71,141 65,123 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 6,844,342 7,013,073 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 547,765 570,373 32 32 Retained earnings, endowment, accumulated income, or other funds 7,392,107 7,583,446 33 Total net assets or fund balances 7,463,248 34 7,648,569 Total liabilities and net assets/fund balances

Form **990** (2018)

Form	990 (2018) ARBUCKLE FEDERAL CREDIT UNION 73-0763907			Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				$\bot \bot$
1.	Total revenue (must equal Part VIII, column (A), line 12)	1			649
2	Total expenses (must equal Part IX, column (A), line 25)	2			041
3	Revenue less expenses Subtract line 2 from line 1	3			608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,3	<u>92,</u>	<u> 107</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	<u>68,</u>	<u>731</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,5	83 <u>,</u>	<u>446</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior 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				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ļ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	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		X
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		3ь		



Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nam	e of organization			Employer iden	tification number
	ARBUCKLE FEDERAL CE	REDIT UNION		73-07639	07
Pa	t I-A Complete if the organization is exe	empt under section 501	(c) or is a section	on 527 organizati	on.
1	Provide a description of the organization's direct and indi	rect political campaign activitie	s in Part IV (see ins	tructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions))		▶ \$	
3_	Volunteer hours for political campaign activities (see insti				
<u>Pa</u>	t I-B Complete if the organization is exe	empt under section 501	(c)(3).	· · - · · · - · · · · · · · · · · · · ·	
1	Enter the amount of any excise tax incurred by the organ	ization under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organizati	•	55	▶ \$	
3	If the organization incurred a section 4955 tax, did it file F	Form 4720 for this year?			∐ Yes ∐ No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV	met under section EOA	(a) avaant aaat	ion 504/o\/2\	 _
	t I-C Complete if the organization is exe			ion 50 i(c)(5).	
1	Enter the amount directly expended by the filing organiza	ition for section 527 exempt fur	iction		
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contrib	buted to other organizations for	section	▶ \$	
3	527 exempt function activities Total exempt function expenditures Add lines 1 and 2 E	ntor hard and an Earm 1120 D	01	•	
3	line 17b	iller liere and on Form 1120-F	OL,	▶ \$	
A	Did the filing organization file Form 1120-POL for this ye	ar?		•	Yes X No
5	Enter the names, addresses and employer identification is		' political organizatio	ns to which the filing	i ics in
·	organization made payments. For each organization liste		•	-	
	the amount of political contributions received that were pi	•			
	as a separate segregated fund or a political action comm	• •	•	_ ·	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(4)	(-,	(-,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization
					If none, enter -0-
(1)					
	<u> </u>				
(2)					
(3)					
(4)					:
	· · · · · · · · · · · · · · · · · · ·				
(5)					
	_ =				
(6)					
	anonwork Reduction Act Notice see the Instructions for For			<u> </u>	<u> </u>
FOLL				Cabadula C (C	000 000 EZ\ 0040

Sche	edule C (Form 990 or 990-EZ) 2018 ARBUC	KLE FEDERA	L CREDIT U	NION	73-0763907	Page 2
Pa	rt II-A Complete if the organiz	ation is exemp	t under section	501(c)(3) and	filed Form 5768 (el	ection under
	section 501(h)).					
۸ .	Check $\;\;lacktriangle$ $\;\;$ If the filing organization t	pelongs to an affili	ated group (and list	in Part IV each	n affiliated group membe	er's name,
	address, EIN, expenses	and share of exc	ess lobbying expen	ditures)		
3	Check ▶ ☐ if the filing organization o	checked box A an	d "limited control" p	rovisions apply		
	Limits on Lob	bying Expendit	tures		(a) Filing	(b) Affiliated
	(The term "expenditures" n	néans amounts p	paid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence put	olic opinion (grass re	oots lobbying)			
b	Total lobbying expenditures to influence a le	gislative body (dire	ct lobbying)	L		
c	Total lobbying expenditures (add lines 1a ar	nd 1b)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add line	es 1c and 1d)				
1	Lobbying nontaxable amount. Enter the amo	ount from the follow	ing table in both			
	columns					
ſ	If the amount on line 1e, column (a) or (b) is	The lobbying nor	ntaxable amount is:			
	Not over \$500,000	20% of the amoun	it on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	00,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,	000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	00,000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25%	of line 1f)				
h	Subtract line 1g from line 1a If zero or less,	enter -0-				
ı	Subtract line 1f from line 1c If zero or less,	enter -0-				
j	If there is an amount other than zero on eith	er line 1h or line 1i,	did the organization fi	le Form 4720		
•	reporting section 4911 tax for this year?		•			Yes No
		4-Year Average	ing Period Under \$	Section 501(h)		
	(Some organizations that made	_	_			ns helow
			nstructions for lin	-		ins below.
		-			-	
	Lo	bbying Expendit	ures During 4-Yea	r Averaging Pe	eriod	<u> </u>
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount					
	(150% of line 2a, column (e))					
С	Total lobbying expenditures		-			
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount					
	(150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Pa	art If-B Complete if the organization is exempt under section 501(c)(3) and (election under section 501(h)).	has NOT filed	Form	5768
		(a	1)	(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed scription of the lobbying activity	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C				
d e	d Mailings to members, legislators, or the public? Publications, or published or broadcast statements?			
f	f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?		_	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? j Total Add lines 1c through 1i	-		
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912	-	\dashv	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

73-0763907

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ARBUCKLE FEDERAL CREDIT UNION 73-0763907 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

	Form 990) 2018 ARBUCKLE FEDERAL	CREDIT UNION	/3-0/6390/	Page
Part VII	Investments—Other Securities. Complete if the organization answered "Y	'es" on Form 990 Part IV line	a 11h Saa Form 000 Part Y	line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)	(5,555); 15,125	Cost or end-of-year market	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Y			
	(a) Description of investment	(b) Book value	(c) Method of valuation	
		-	Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)		··		
(6)				
(8)				
(9)	·			
	n (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	e 11d See Form 990, Part X.	line 15
	(a) Descri			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities.	(action Form 000 Boot IV line	- 11 11f C F 000 I	Dowl V
	Complete if the organization answered "Y	es on Form 990, Part IV, IIII	e He of TH See Form 990, i	Part A,
	(a) Description of liability	(b) Book value		
1. (1) Endorel		(D) Book value	1	
	income taxes		1	
(2)			1	
(3)			1	
(4)			1	
			1	
(6) (7)			1	
(8)			1	
(9)			1	•
	n (b) must equal Form 990, Part X, col (B) line 25) ▶		1	
	uncertain tax positions. In Part XIII, provide the text of	the footnote to the organization's fin	ancial statements that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 ARBUCKLE FEDERAL CREDIT UNION	73-076390	7	Page 4
Pa	Irt XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1 ·	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per R	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b	1	4c	
5	Total expenses Add lines 3 and Ar. (This must equal Form 990, Part I line 18.)	1	5 1	

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Supplemental Information.

Schedule D (Form 990) 2018 ARBUCKLE FEDERAL CREDIT UNION

73-0763907

Page 5

Part XIII Supplemental Information (continued)

AFCU3907 01/17/2019 \$1 57 AM SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

Internal Re	evenue Se	rvice
Name of th	he organiza	ation

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

Inspection Employer identification number

	ARBUCKLE FEDERAL CR	EDIT UNION					73-0	7639	07				
Part I	Excess Benefit Transaction						-						
_	Complete if the organization answere	plete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or F					, or Form 990-EZ, Part V, line 40b						tod?
1	(a) Name of disqualified person	(b) Kelatio	organization		ı pers	son and	(c) Description of tra	nsactio	n		Yes		No
(1)											1	+	
(2)													
(3)													
(4)													
(5)													
(6)											<u> </u>		
under	he amount of tax incurred by the organiz section 4958 he amount of tax, if any, on line 2, above	-	·		sons	during the year		▶ \$					
Part II	Loans to and/or From Intere	neted Porce	ne										
raitii	Complete if the organization answere			V li	ne 3	8a or Form 990	Part IV line 26 or	of the					
	organization reported an amount on					04 01 1 01 000	, , , , , , , , , , , , , , , , , , , ,		•				
	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Lo			(f) Balance due	(g) ln	default?		proved pard or		ritten ement?
		with Organization	loan	org	From	principal amount		Yes	Yes No		nittee?	Yes	No
SMITH,	NANCY AND GARMON												
(1)					X		40,746		X	X	ļ	X	
SMITH,	JUSTIN												
(2)				⊢	X		39,322	_	X	X	}	X	
	, BRANDON	1			x				x	x	İ	х	
(3)	LUIS AND TRESHA	+		╁	•		33,920		^		 		.
(4)	LUIS AND IRESHA				x		30,651		X	x		x	
	SHANNON						30,001						
(5)		1	1		X		30,377		X	X	Ì	X	
WEAR, W	7.												
(6)				<u> </u>	X		29,529		X	X		X	<u>L</u> .
SEWELL,	HOLLY												
(7)					X		28,694		X	X		X	-
· ·	VILLIAM & ALICIA				v		1		•	.		x	
(8)	an mou	 			X		28,534		X	X		^	
(9)	CAMERON				x		25,752		x	x		x	
RING, E	TELTSHA						23,732						
(10)					x		25,307		x	x		X	
Total						▶ \$	618,082						
Part III	Grants or Assistance Beneficomplete if the organization answere				27								
	(a) Name of interested person		ship between interes			mount of assistance	(d) Type of assistance		(e)	Purnos	e of ass	slance	
	(a) Name of interested person	1 ' '	and the organization		(0) /	mount of assistance	(u) Type of assistance		(0)			atarice	
(1)	· · · · · · · · · · · · · · · · · · ·				_			+-					
(2)		-						+-	_				
(3)			·			+		+					
(5)								+					
(6)	· · · · · · · · · · · · · · · · · · ·							\top					
(7)												.*	
(8)													
(9)													
(10)					I			- 1					

Schedule L (Form 990 or 990-EZ) 2018

	orm 990 or 990-EZ)		ARBUCKLE				UNIC	N	73-0	763907	Р	age 2
Part IV			ons Involving on answered "Yes"				a 28h or	28c				
•	(a) Name of interes				(b) Relations	ship between erson and the ization	(c) A	Amount of nsaction	(d) Desc	ription of transaction	6	Sharing f org enues?
(1)												
(2)												
(3)	-											+
(4) (5)						-					+	+
(6)												
(7)											_	-
(8)			 	-								
(10)						٠						
Part V	Supplementa											
	Provide additional	intorma	tion for responses t	to que	stions on	Schedule L (s	ee instru	ctions)				
SEWELI	, GUY					From	\$		0 \$	5,	076	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)	Written	agreemen	t	
CASTII	LO, JUDY					From	\$		0 \$	5,	043	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)	Written	agreemen	t	
STRICE	KLAND, JOS	HUA,	SHARILEE	, BI	ELA	From	\$. <u>-</u>	0 \$	4,	902	
() Ir	default	(X)	Approved	by	boar	d/commi	.ttee	(X)	Written	agreemen	t	
SMITH,	JUSTIN		· ·-			From	\$		0 \$	4,	661	
() Ir	default	(X)	Approved	by	boar	d/commi	.ttee	(X)	Written	agreemen	t	
CRENSE	IAW, HARRY					From	\$		0 \$	4,	508	_
() Ir	default	(X)	Approved	by	boar	d/commi	.ttee	(X)	Written	agreemen	t	
STICKI	AND, SHAR	ILEE				From	\$		0 \$	4,	421	
() Ir	default	(X)	Approved	by	boar	d/commi	.ttee	(X)	Written	agreemen	t	
REYES,	TRESHA		·····			From	\$		0 \$.3,	922	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)	Written	agreemen	t	
SMITH,	EDWARD			_		From	\$		0 \$	3,	073	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)	Written	agreemen	t	
RING,	KATELYN			_		From	\$		0 \$	2,	710	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)	Written	agreemen	t	
RAMOS,	FELICITA					From	\$		0 \$	2,	368	
() Ir	default	(X)	Approved	by	boar	d/commi	ttee	(X)		agreemen		
·									Schedu	le L (Form 990 oi	990-EZ	2018

Schedule L (Fo	orm 990 or 990-EZ)	2018	ARBUCKLE :	FEDERAL	CREDIT	UNIO	N _	73-07	763907	Pag
Part IV			ons Involving I			a 28h or '	28c	,	,	
•	(a) Name of intere			(b) Relations	ship between erson and the	(c) A	mount of saction	(d) Descri	ption of transaction	(e) Sha of or revenu
4)			<u>-</u>	organ	ization					Yes
1) 2)	 		-						<u>.</u>	
3)		_								
4)										+
5) 6)										-+
7)										
8)								 		
9) 0)										+ +
Part V	Supplementa				Sahadula I (a	oo inotriio	tions)			
	Provide additional	intorma	tion for responses to	o questions on	Schedule L (S	see instruc	uons)			_
MARTIN	, CAMERON				From	\$		0 \$	1,8	380
() Ir	default	(X)	Approved	by boar	d/commi	ttee	(X)	Written	agreement	t
RAMOS	FELICIA				From	\$		0 \$	1,8	356
() Ir	default	(X)	Approved	by boar	d/commi	ttee	(X)_	Written	agreement	t
STRICE	KLAND, SHA	RILE	₹		From	\$		0 \$	1,1	L02
() Ir	default	(X)	Approved	by boar	d/commi	ttee	(X)_	Written	agreement	t
CASTII	LLO, JUDY				From	\$		0 \$	1,0	059
() Ir	default	(X)	Approved	by boar	d/commi	ttee	(X)	Written	agreement	t
STALLI	INGS, RETA	AND	CRENSHAW,	HARRY	From	\$		0 \$		614
() Ir	default	(X)	Approved	by boar	d/commi	ttee	(X)	Written	agreement	<u> </u>
		<u>.</u>								
					_					
					· -					
				•						
								Schedule	L (Form 990 or	990-EZ) 2

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.

OMB No 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Name of the organization

ARBUCKLE FEDERAL CREDIT UNION

73-0763907

Employer identification number

Form 990 - Organization's Mission

ARBUCKLE FEDERAL CREDIT UNION PROVIDES SAVINGS ACCOUNTS AND LOANS TO
PERSONS WHO LIVE, WORK, WORSHIP, OR ATTEND SCHOOL IN AND BUSINESSES AND
OTHER LEGAL ENTITIES LOCATED IN PONTOTOC, COAL, JOHNSTON, MURRAY, OR GARVIN
COUNTY, OKLAHOMA

Form 990, Part III, Line 4d - All Other Accomplishments
PROVIDED LOANS AND DEPOSITS TO MEMBERS

Form 990, Part VI, Line 6 - Classes of Members or Stockholders ORGANIZED WITH MEMBERS

Form 990, Part VI, Line 7a - Election of Members and Their Rights
MEMBERS ELECT BOARD OF DIRECTORS

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990

Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPENSATION IS DECIDED BY BOARD OF DIRECTORS

Form 990, Part VI, Line 15b - Compensation Process for Officers REWIEVED BY BOARD OF DIRECTORS

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Page 2

Name of the organization

Employer identification number

ARBUCKLE FEDERAL CREDIT UNION

73-0763907

AVAILABLE UPON REQUEST

Form 990, Part VII - Additional Information REVIEWED BY BOARD OF DIRECTORS

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

CHANGES IN NET ASSETS \$ 168,731