

Form **990**
 Department of the Treasury
 Internal Revenue Service

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
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>C Name of organization WEOKIE CREDIT UNION</p> <hr/> <p>Doing business as</p> <hr/> <p>Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 26090</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code OKLAHOMA CITY, OK 731260090</p>	<p>D Employer identification number 73-0784198</p> <hr/> <p>E Telephone number (405) 235-3030</p> <hr/> <p>G Gross receipts \$ 42,986,888</p>
<p>I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(14) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p>F Name and address of principal officer BRENT TAYLOR BOX 26090 OKLAHOMA CITY, OK 73126</p>	<p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶</p>
<p>J Website: ▶ WWW.WEOKIE.ORG</p>		<p>L Year of formation 1969 M State of legal domicile OK</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		

Part I Summary

1	Briefly describe the organization's mission or most significant activities CREDIT UNION PROVIDING FINANCIAL SERVICES TO ITS MEMBER OWNERS		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	249
6	Total number of volunteers (estimate if necessary)	6	13
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0
	9 Program service revenue (Part VIII, line 2g)	29,875,020	31,463,036
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,357,800	8,035,074
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,087,085	3,488,778
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,319,905	42,986,888
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	3,889,156	3,790,085
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,084,197	14,626,007
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,510,015	17,082,081	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	32,483,368	35,498,173	
19 Revenue less expenses Subtract line 18 from line 12	7,836,537	7,488,715	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	1,058,054,826
	21 Total liabilities (Part X, line 26)		937,643,735
	22 Net assets or fund balances Subtract line 21 from line 20	End of Year	120,411,091

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

 Signature of officer _____ Date 2018-02-21
 DOUG SCHWARZ EXECUTIVE VP & CFO
 Type or print name and title _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no	
	Firm's address ▶				

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CREDIT UNION PROVIDING FINANCIAL SERVICES TO ITS MEMBER OWNERS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,790,085 including grants of \$) (Revenue \$)
See Additional Data

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

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

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

4e Total program service expenses ▶ 3,790,085

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)? <i>If "Yes," complete Schedule A</i>	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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, Part I</i> 🗑️	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️	9	Yes
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗑️	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️	11b	Yes
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️	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? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	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)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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 valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	No
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WARREN PYBAS CHAIRMAN	3 00	X						0	0	0
(2) GARY TARKINGTON VICE-CHAIRMA	2 00	X						0	0	0
(3) LEONARD WELLS SECRETARY/TR	2 00	X						0	0	0
(4) TONY CARL DIRECTOR	2 00	X						0	0	0
(5) LEE LILES DIRECTOR	2 00	X						0	0	0
(6) CRAIG EIDSON DIRECTOR	2 00	X						0	0	0
(7) DENNIS MARCH DIRECTOR	2 00	X						0	0	0
(8) BRENT TAYLOR PRESIDENT AN	45 00			X				616,486	0	54,233
(9) DOUG SCHWARZ EXECUTIVE VP	45 00			X				431,714	0	54,233
(10) DIANE MACH COO	45 00			X				230,750	0	37,500
(11) DAVID DUBEY VP OF IT	45 00					X		177,650	0	32,505
(12) STEVEN MCCONNELL GENERAL COUN	45 00					X		158,950	0	35,880
(13) DOYLE PROVINCE VP OF MORTGA	45 00					X		157,950	0	33,245
(14) DAWN SIMON VP OF MARKET	45 00					X		142,050	0	31,997
(15) MIKE ROARK VP OF OPERAT	45 00					X		138,150	0	31,353

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f ▶						
Program Service Revenue		Business Code					
	2a INCOME FROM LOANS TO MEMBERS		22,710,203	22,710,203			
	b FEE FOR SERV PROV MEMBERS		8,752,833	8,752,833			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f ▶		31,463,036					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		8,035,074	8,035,074			
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
		b Less direct expenses b					
		c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19 a						
b Less direct expenses b							
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances a							
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME		3,233,759	3,233,759				
b GAIN ON SALE OF SECURITIES		244,516	244,516				
c GAIN ON SALE OF ASSETS		10,503	10,503				
d All other revenue							
e Total. Add lines 11a-11d ▶		3,488,778					
12 Total revenue. See Instructions ▶		42,986,888	42,986,888				

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members	3,790,085	3,790,085		
5 Compensation of current officers, directors, trustees, and key employees				
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	11,321,656		11,321,656	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,217,217		1,217,217	
9 Other employee benefits	1,340,122		1,340,122	
10 Payroll taxes	747,012		747,012	
11 Fees for services (non-employees)				
a Management				
b Legal	129,714		129,714	
c Accounting	252,915		252,915	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	684,532		684,532	
13 Office expenses	937,908		937,908	
14 Information technology	1,558,246		1,558,246	
15 Royalties				
16 Occupancy	1,115,864		1,115,864	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	229,551		229,551	
20 Interest	4,650,663		4,650,663	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,306,694		1,306,694	
23 Insurance	223,774		223,774	
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 LOAN AND OTHER SERVICING	2,666,482		2,666,482	
b PROVISION FOR LOAN LOSSES	2,255,487		2,255,487	
c OTHER EXPENSES	838,796		838,796	
d PROFESSIONAL SERVICES	219,789		219,789	
e All other expenses	11,666		11,666	
25 Total functional expenses. Add lines 1 through 24e	35,498,173	3,790,085	31,708,088	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	66,134,186	1	46,324,916
	2 Savings and temporary cash investments	14,267,170	2	12,564,525
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,962,538	4	1,911,017
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net	558,053,675	7	599,842,507
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	568,023	9	586,062
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	48,353,813		
	b Less accumulated depreciation	18,096,702		
		27,428,699	10c	30,257,111
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	379,371,155	12	322,866,223
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	10,269,380	15	10,133,893	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,058,054,826	16	1,024,486,254	
Liabilities	17 Accounts payable and accrued expenses	10,825,482	17	8,622,267
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	1,982,830	21	2,157,908
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	201,279,178	24	183,562,515
	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	723,556,245	25	702,037,124
	26 Total liabilities. Add lines 17 through 25	937,643,735	26	896,379,814
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	120,411,091	32	128,106,440
	33 Total net assets or fund balances	120,411,091	33	128,106,440
	34 Total liabilities and net assets/fund balances	1,058,054,826	34	1,024,486,254

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,986,888
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,498,173
3	Revenue less expenses Subtract line 2 from line 1	3	7,488,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,411,091
5	Net unrealized gains (losses) on investments	5	206,634
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	128,106,440

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? 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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 73-0784198

Name: WEOKIE CREDIT UNION

Form 990 (2017)

Form 990, Part III, Line 4a:

WEOKIE CREDIT UNION PAID DIVIDENDS AND INTEREST TO MEMBERS FOR THEIR SAVINGS IN THE AMOUNT OF 3,790,085 IN 2017

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
WEOKIE CREDIT UNION

Employer identification number
73-0784198

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 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 an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 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 ▶ \$ _____

2 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 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,047,579		8,047,579
b Buildings		28,596,655	7,834,266	20,762,389
c Leasehold improvements				
d Equipment		11,709,579	10,262,436	1,447,143
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				30,257,111

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶ 322,866,223	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
MEMBER DEPOSITS	702,037,124
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 702,037,124

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	43,193,522
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	206,634	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	206,634
3	Subtract line 2e from line 1		3	42,986,888
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	42,986,888

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,498,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	35,498,173
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	35,498,173

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 73-0784198
Name: WEOKIE CREDIT UNION

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) FEDERAL HOME BANK	14,611,152	C
(A) OTHER INVESTMENTS	12,315,555	C
(B) FNMA 2017-9 JA	9,524,797	C
(C) FHLMC 4589 AF	8,503,848	F
(D) FHMS KF36 A	7,880,080	F
(E) FNMA 5/1 ARM AL9954	7,678,089	F
(F) FHLMC 4682 JE	7,289,919	C
(G) FHLMC 4657 JP	7,180,563	C
(H) GNMA 2017-114 BL	7,003,009	C
(I) GNMA 2017-114 CL	6,979,636	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) FHMS KF20 A	6,424,385	F
(A) FNMA 5/1 ARM AU1675	6,295,982	F
(B) FHLMC 5/1 ARM 840263	5,466,844	F
(C) FNMA 2004-24 CF	5,195,390	F
(D) FHLMC 4238 FD	5,131,803	F
(E) FNMA 5/1 ARM AL8920	5,124,084	F
(F) FNMA 2013-41 FP	5,121,132	F
(G) FHLMC 3937 F	5,052,955	F
(H) FHLMC 3423 FN	4,949,720	F
(I) FHLMC 4204 AS, PURE INVERSE	4,833,872	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(U) FNMA 2011-115 FW	4,675,803	F
(A) FNMA 2016-105 MD	4,577,791	C
(B) FNMA 2008-10 CF	4,564,097	F
(C) FHLMC 5/1 ARM 840215	4,421,592	F
(D) FHMS KF 18 A	4,349,235	F
(E) FHLMC 4012 FN	4,326,854	F
(F) FHLMC 4302 DA	4,291,734	C
(G) FNMA 2012-150 CS, PURE INVERSE	4,216,572	C
(H) FNMA 2010-54 FT	4,031,971	F
(I) FNMA 2012-37 FC	3,873,254	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AE) FHLMC 3506 FG	3,832,917	F
(A) FHLMC 3989 JF	3,811,204	F
(B) GNMA 2014-8 FJ	3,655,233	C
(C) FNMA 5/1 ARM AW9719	3,495,435	F
(D) FHLMC 4152 LS, PURE INVERSE	3,392,719	C
(E) FHLMC 4001 NR	3,256,790	F
(F) FHLMC 3947 FC	3,220,390	F
(G) FNMA 2013-23 US, PURE INVERSE	3,105,273	C
(H) GNMA II 3/1 ARM MA3623	2,948,580	F
(I) FNMA 2012-84 LF, TOGGLE FLOATER	2,901,808	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AO) FNMA 2012-70 BF, MOUNTAIN FLOATER	2,851,101	C
(A) FNMA ARM AL7396	2,807,443	F
(B) FHLMC 3392 FA	2,770,809	F
(C) FHLMC 5/1 ARM 849725	2,720,914	F
(D) FHLMC 4027 TF	2,700,402	F
(E) FNMA 2012-36 FA	2,679,689	F
(F) FNMA 2014-64 TE	2,608,470	C
(G) FHLMC 4225 BS, PURE INVERSE	2,450,463	C
(H) FNMA 2017-26 LZ	2,408,905	C
(I) FNMA 5/1 ARM AZ3322	2,377,442	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(AY) FNMA 2012-54 CF	2,365,448	F
(A) FNMA 2012-49 TF	2,265,607	F
(B) FHLMC 3404 FA	2,233,623	F
(C) FNMA 2005-21 FM	2,206,078	F
(D) FHLMC 3957 FA	2,118,822	F
(E) FHLMC 3387 FB	2,056,193	F
(F) MLCC 2004-B A1	2,045,361	F
(G) FNMA 7/1 ARM AP0973	1,983,860	F
(H) FNMA 2012-27 FC	1,799,588	F
(I) FNMA 2008-81 FB	1,687,175	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(BI) FHLMC 3387 FB	1,670,446	F
(A) FNMA 2007-88 FY	1,498,179	F
(B) FNMA 2012-19 JF	1,492,155	F
(C) FNMA 2011-125 FA	1,490,998	F
(D) GNMA 2015-170 AT, MOUNTAIN FLOATER	1,480,759	C
(E) FHLMC 3757 PF	1,472,261	F
(F) FNMA 2012-150 SY, INVERSE FLOATER	1,470,520	C
(G) FHLMC 3746 FB	1,303,261	F
(H) FHLMC 3417 FD	1,292,643	F
(I) FHLMC 4438 KS, INVERSE FLOATER	1,262,648	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(BS) GNMA 2015-12 DA	1,235,713	C
(A) FNMA 2012-83 LT, MOUNTAIN FLOATER	1,196,584	C
(B) FNMA 2003-131 FL	1,194,240	F
(C) FHLMC 4033 FA	1,187,096	F
(D) FNMA 2012-70 BF, MOUNTAIN FLOATER	1,163,715	C
(E) GNMA II ARM 82793	1,132,879	F
(F) FNMA 2011-146 FE	1,114,356	F
(G) FNW 2004-W5 F1	1,071,367	F
(H) FNMA 2012-139 AQ	1,064,718	C
(I) FHLMC 3223 FC	1,052,447	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(CC) FHLMC 4075 MT, MOUNTAIN FLOATER	1,012,396	C
(A) FHLMC 4027 TQ	1,008,943	C
(B) GNMA II ARM 080817	999,824	F
(C) FNMA 2012-139 LQ	931,628	C
(D) FNMA 2006-46 MT, DIGITAL FLOATER	929,847	C
(E) FHLMC 3085 FE	910,906	F
(F) FNMA 2012-67 GT, MOUNTAIN FLOATER	897,768	C
(G) FHLMC 4225 BS, PURE INVERSE	894,187	C
(H) FHLMC 3387 FB	846,668	F
(I) FHLMC 3385 FA	845,878	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(CM) FHLMC 3960 SH, FLOORED INVERSE	840,608	C
(A) FHLMC ARM 420266	793,324	C
(B) FHLMC 3454 MB, DIGITAL INVERSE FLOAT	775,337	C
(C) FHLMC 3455 FL	753,712	F
(D) CATALYST PCC	750,000	C
(E) SBA POOL 508252	693,426	F
(F) GNMA 2011-51 JW	681,021	C
(G) FNMA 2010-134 CZ	654,633	C
(H) FNMA 2005-103 BT, TIB INVERSE	649,060	C
(I) FNMA 2015-3 SB, PURE INVERSE	634,896	C

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(CW) GNMA 2013-8 BT	612,187	C
(A) FNMA 2008-12 FB	607,797	F
(B) FHLMC ARM 1B7132	601,488	F
(C) FHLMC 2436 FA	577,484	F
(D) FHLMC ARM 1G0383	574,922	F
(E) FHLMC 3594 SP, DIGITAL FLOATER	573,902	C
(F) FNMA ARM 735621	512,077	F
(G) FNMA 5/1 ARM AL0123	490,666	C
(H) FNMA 5/1 ARM AE7568	482,928	F
(I) FNMA ARM 708361	482,169	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(DG) FHLMC 3757 PF	453,003	F
(A) FNMA 5/1 ARM AL1864	452,426	F
(B) FNMA 2002-36 FT	446,915	F
(C) FNMA 2002-67 FA	444,717	F
(D) FNMA 2006-51 FP	426,275	F
(E) GNMA 2007-3 MT, INVERSE	424,906	C
(F) FNMA 2002-44 FT	394,576	F
(G) FNMA ARM 995520	383,002	F
(H) FHLMC 4107 HQ	359,209	C
(I) FHLMC 3515 FN	334,459	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(DQ) GNMA 2009-11 AP	330,269	C
(A) FHLMC 2477 FY	320,758	F
(B) FNMA 2006-81 FA	268,437	F
(C) FNMA 2008-18 FM	261,740	F
(D) FHLMC 2551 FH	256,825	F
(E) FNMA 2002-77 FT	251,949	F
(F) FNMA 2012-134 GJ	250,436	C
(G) FNMA 2009-70 FA	248,664	F
(H) FHLMC 3237 SP, 3% FLOORED INVERSE	236,302	C
(I) FNMA 2002-89 F	215,428	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(EA) FHLMC ARM 1G0872	196,007	F
(A) FNMA 2009-24 FB	176,672	F
(B) FHLMC 2470 FX	176,234	F
(C) FNMA 2002-17 JF	163,153	F
(D) FHLMC 2770 FR	155,222	F
(E) FHLMC ARM 781131"	154,692	F
(F) FNMA 2012-12 CG	143,722	C
(G) FNMA ARM 922680	103,367	F
(H) FNMA 2011-141 JW	78,291	C
(I) FHLMC 2611 QE"	65,654	F

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(EK) GNMA 2004-83 CK, TIB INVERSE	59,329	C
(A) FNMA 1992-39 FB"	46,236	F
(B) FHLMC 1602 FN	29,949	F
(C) GNMA 2002-51 FC	19,703	F
(D) FNMA 2010-49 TB, TIB INVERSE	18,240	C
(E) FNMA 1992-216 FC"	3,329	F

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	WEOKIE MAINTAINS ESCROW ACCOUNTS TO PAY TAXES AND INSURANCE ON BEHALF OF OUR MEMBERS WHO HAVE MORTGAGE LOANS WITH US

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WEOKIE CREDIT UNION

Employer identification number

73-0784198

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," on line 5a or 5b, describe in Part III		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," on line 6a or 6b, describe in Part III		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRENT TAYLOR PRESIDENT AND CEO	(i)	450,086	166,400		40,500	13,733	670,719	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 DOUG SCHWARZ EXECUTIVE VP & CFO	(i)	337,564	94,150		40,500	13,733	485,947	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 DIANE MACH COO	(i)	204,600	26,150		30,690	6,810	268,250	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 DAVID DUBEY VP OF IT	(i)	168,000	9,650		25,200	7,305	210,155	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 STEVEN MCCONNELL GENERAL COUNSEL	(i)	151,600	7,350		22,740	13,140	194,830	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 DOYLE PROVINCE VP OF MORTGAGE	(i)	145,800	12,150		21,870	11,375	191,195	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 DAWN SIMON VP OF MARKETING	(i)	133,200	8,850		19,980	12,017	174,047	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 MIKE ROARK VP OF OPERATIONS	(i)	129,000	9,150		17,738	13,615	169,503	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WEOKIE CREDIT UNION

Employer identification number

73-0784198

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	AT THE END OF THE YEAR, WEOKIE HAD THE FOLLOWING VOLUNTEERS 6 - BOARD MEMBERS 2 - ASSOCIATE BOARD MEMBERS 5 - SUPERVISORY COMMITTEE MEMBERS ALL VOLUNTEERS ARE UNPAID AND WORK ON BEHALF OF WEOKIE'S MEMBERSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	ORGANIZED WITH MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	ANNUALLY, WEOKIE HOLDS ITS ANNUAL MEMBERSHIP MEETING IN WHICH ALL MEMBERS ARE ELIGIBLE TO PARTICIPATE IT IS AT THIS ANNUAL MEETING IN WHICH ALL MEMBERS IN ATTENDENCE GET AN EQUAL VOTE IN THE ELECTION OF THE GOVERNING BODY OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW OUTSIDE OF THAT OF THE PREPARER AND THE ACCOUNTING MANAGER WILL BE CONDUCTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	THIS IS DONE THROUGH OUR DAILY MANAGEMENT SUPERVISION, PERIODIC AND RE- OCCURRING INTERNAL AUDIT, AND THE REGULAR REVIEW OF ALL EMPLOYEE ACCOUNTS AND ACCOUNT ACTIVITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE GOVERNING BODY (BOARD OF DIRECTORS) HAS A FORMAL SALARY REVIEW COMMITTEE THAT MEETS AT LEAST ANNUALLY AND REVIEWS AND SETS THE PAY GRADES OF ALL CLASSES OF EMPLOYEES OUTSIDE B ENCHMARK SURVEYS ARE OBTAINED ANNUALLY AND ARE USED AS PART OF THE OVERALL REVIEW SEVERAL OTHER FACTORS INCLUDING THE REGIONAL CPI STATISTIC ARE TAKEN INTO CONSIDERATION AS WELL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE GOVERNING BODY (BOARD OF DIRECTORS) HAS A FORMAL SALARY REVIEW COMMITTEE THAT MEETS AT LEAST ANNUALLY AND REVIEWS AND SETS THE PAY GRADES OF ALL CLASSES OF EMPLOYEES OUTSIDE B ENCHMARK SURVEYS ARE OBTAINED ANNUALLY AND ARE USED AS PART OF THE OVERALL REVIEW SEVERAL OTHER FACTORS INCLUDING THE REGIONAL CPI STATISTIC ARE TAKEN INTO CONSIDERATION AS WELL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	A MONTHLY FINANCIAL RECAP IS POSTED IN THE LOBBIES OF ALL BRANCHES. QUARTERLY WE FILE NCUA FORM 5300 WHICH IS A VERY COMPLETE DETAIL OF OUR FINANCIAL CONDITION. ALL PARTS OF THIS FORM ARE AVAILABLE TO THE GENERAL PUBLIC THROUGH NCUA'S WEBSITE. FINALLY, AS PART OF OUR ANNUAL MEETING OF THE MEMBERSHIP, WE PROVIDE CONDENSED AUDITED FINANCIALS AND OTHER KEY FINANCIAL RATIOS.