Department of the Treasury

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.re-gov/form000

	or the	2016 calendar year, or tax year beginning		d ending	r.iis.govnoimas				
	heck rf	C Name of organization		a ending	D. Employ	er identific	ation number		
	pplicabl				D Employ	er identific	adon number		
	Addre	ss ROGUE CREDIT UNION			l				
	Name	` 		93-0491115					
	Initial	Number and street (or P.O. box if mail is not delivere	d to street address)	Room/su	ite E Telepho				
	return Final	1370 CENTER DRIVE	a to stroot address;	1100111/30	ite E Telepho	800-856	-7328		
	return termin ated	′ 	or foreign postal code	Ь	G Gross rece		125,778,941		
	Amen	ded MEDEORD OR 97501	or loreign postal code			H(a) Is this a group return			
	Applic		нам			bordinates?			
	penda	SAME AS C ABOVE				ubordinates incl			
1.1	ax-ex	empt status 501(c)(3) X 501(c) (14)	(insert no.) 4947(a)(1)	or 5	— ' '		st (see instructions)		
		exemption	•						
K Form of organization: X Corporation Trust Association Other L Year of formation: 1956 M State of legal Part Summary									
	1	Briefly describe the organization's mission or most sign	ificant activities SEE SC	CHEDULE	0				
9	•								
Governance	2	Check this box If the organization discontinu	ed its operations or dispo	sed of mo	ore than 25% of	its net asse			
Ver	_	Number of voting members of the governing body (Part				3			
	ì	Number of independent voting members of the governi	•			4			
Activities &	1	Total number of individuals employed in calendar year 2				5	47		
iţi		Total number of volunteers (estimate if necessary)	20 to (t alt 1, mio 2a)			6	1		
ξį	l	Total unrelated business revenue from Part VIII, column	(C), line 12			7a	247,782		
¥		Net unrelated business taxable income from Form 990-	• •			7b	42,185		
					Prior Ye		Current Year		
	8	Contributions and grants (Part VIII, line 1h)		t	1110111	0.	Oditent real		
Revenue		Program service revenue (Part VIII, line 2g)	T I	57.5	60,929.	65,039,807			
Ver		Investment income (Part VIII, column (A), lines 3, 4, and			88,449.	6,051,899			
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	0.						
	1	Total revenue - add lines 8 through 11 (must equal Part	•	Ī	60.4	49.378.	71,091,706		
		Grants and similar amounts paid (Part IX, column (A), lir			1	47,078.	200,175		
		Benefits paid to or for members (Part IX, column (A), lin	•			0.	0		
		Salaries, other compensation, employee benefits (Part I	•	<u> </u>	21,8	66,968.	25,939,106		
Expenses		Professional fundraising fees (Part IX, column (A), line 1				0.	0		
De L	İ	Total fundraising expenses (Part IX, column (D), line 25)		. D∘. i			3 8 3 6		
ωĭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-		بي ===	22,6	33,086.	25,843,807		
		Total expenses Add lines 13-17 (must equal Part IX, co	101	7 8	44,6	47,132.	51,983,088		
		Revenue less expenses Subtract line 18 from line 12	IO)		02,246.	19,108,618			
ъ					Beginning of Cur	rent Year	End of Year		
sets dan	20	Total assets (Part X, line 16)	OGDEN, U	JΤΓ	1,066,2	33,978.	1,275,390,271		
Vet Assets und Baland	21	Total liabilities (Part X, line 26)			961,3	88,984.	1,155,546,700		
碧	22	Net assets or fund balances Subtract line 21 from line	20	[104,8	44,994.	119,843,571		
Pa	rt II)	Signature Block							
Unde	r pena	Ities of perjury, I declare that I have examined this return, inclu	ding accompanying schedule	s and state	ments, and to the	e best of my k	nowledge and belief, it is		
true,	correc	t, and complete. Declassion of preparer (other than officer) is	based on all information of w	hich prepai	rer has any know	ledge.	1		
1/01/17							17		
Sigr	1	Signature of officer			Dat	e ' /			
Here GENE PELHAM, PRESIDENT & CEO									
		Type or print name and title			·•				
		Print/Type preparer's name Prej	parer's signature Compre	٠,	Date	Check	PTIN		
Paid			March Cause	- 	11/20/17	self-employed	P00448102		
Prep	arer	Firm's name MOSS ADAMS LLP			Firr	n's EIN 🛌	91-0189318		
Use	Only	Firm's address 805 SW BROADWAY STE 1200	\bigcup)				
		PORTLAND, OR 97205			Pho	one no.503-	242-1447		
May	the IF	RS discuss this return with the preparer shown above?	see instructions)				X Yes N		
63200	1 11-1	1-16 LHA For Paperwork Reduction Act Notice, se	ee the separate instructi	ons.			Form 990 (201		





Form	1990 (2016) ROGUE CREDIT UNION	93-0491115	Page 2
	rt 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		
•	TO CREATE THE MOST LOYAL MEMBERS IN THE NATION BY PROVIDING		
	EXCEPTIONAL EXPERIENCES THAT BUILD MUTUALLY BENEFICIAL RELATIONSHIPS.		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		res 🗓 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?		res 🗓 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 m	easured by expens	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
`	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$) (Revenue	\$	
	CREATED A SOURCE OF CREDIT AT A FAIR AND REASONABLE RATE OF INTEREST		
	AND PROVIDED AN OPPORTUNITY FOR MEMBERS TO USE AND CONTROL THEIR OWN		
	MONEY IN ORDER TO IMPROVE THEIR ECONOMIC AND SOCIAL CONDITION. PROFITS		
	ARE RETURNED TO MEMBERS IN THE FORM OF BETTER RATES AND LOWER FEES.		
	MEMBERS ARE REWARDED THROUGH ROGUE REWARDS FOR PARTICIPATION THROUGH		
	LOANS, DEPOSITS AND TRANSACTIONS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	N/A		
		-	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	N/A		
		 _	
		 _	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
_ <u>4e</u>	Total program service expenses		000 :
		For	m 990 (2016)

		Schedules

1 Is the organization rescribed in section SDIC(x)3 or 4947(x)1) (other than a private foundation)? 1		,		Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Continutors? 3 Did the organization required to complete Schedule 6, Part 1 4 Section 501(c)(3) organizations. Did the organization required (c) Part 1 5 Is the organization as exclore 501(c)(4) organization and the organization of the organization are section 501(c)(3) organizations. Did the organization are section 501(c)(3) organizations. Did the organization are section 501(c)(3) organizations. Did the organization are section 501(c)(4) organizations. Did the organization are section 501(c)(4) or 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part 11 5 Is the organization receives or organization are section 501(c)(4) or 501(c)(5) or 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar asserted. C, Part 11 6 Did the organization receives or held a conservation essement, including asseminates to preserve open apace, the environment, instructures? If *Yes,** complete Schedule D, Part 11 7 Did the organization report an amount in Part X, line 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or debt negotiation servaces? If *Yes,** complete Schedule D, Part V 7 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,** complete Schedule D, Part V 8 Did the organization report an amount for investments or 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 X V 8 Did the organization report an amount for other assets 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 X V 8 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, lin	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public offices "I" Ves," "complete Schedule C, Part I" 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4) election in effect during the tax year? II" "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96:197 II" Yes," complete Schedule C, Part III 6 Did the organization revenue Procedure 96:197 II" Yes," complete Schedule C, Part III 7 Did the organization revenue nay donor adverded funds or any semilar funds or accounts? II" Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrivo or custodial account habity, serve as a custodian for amounts not lated on Part X, or provide credit counseling, debt management, oredit repair, or debt inegotation semices? If "Yes," complete Schedule D, Part IV 9 Did the organization directly or through a related organization, hold assets in temporanly restricted endowments, portion amounts not lated on Part X, or provide credit counseling, debt management, oredit repair, or debt inegotation semices? If "Yes," complete Schedule D, Part IV 10 Did the organization directly or through a related organization, hold assets in temporanly restricted endowments, portion and provide credit counseling, debt management, oredit repair, or debt inegotation semices? If "Yes," complete Schedule D, Part VIII If the organization report an amount for limits of the part X, line 10 II" "Yes," complete Schedule D, Part VIII If the organization report an amount for investments is a "Yes," thin complete Schedule D, Part X III III X 11b Did the organization report an amount for investments or the recurrities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 1		If "Yes," complete Schedule A	1		x
Section 501(6)(3) organizations. Dut the organization engage in lobbying activities, or have a section 501(fit) electron in effect during the tax year? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II bit 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 90-18? If "Yes," complete Schedule C, Part III bit the organization mannary donor advised funds or any similar funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II bit the organization receiver or hold a conservation essement, including easiments to preserve open space. In the environment, historical drains, or historics structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or outsodial account habitity, serve as a custodian for amounts in clied in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part IV Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part VI II bit 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 VI II bit the organization report an amount for investments other securities in Part X, line 18 in Part X line 18 If It II II II X Did the organization report an amount for investments in Part X, line 19 i	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts (if we've," complete Schedule D, Part III Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, histonic flad areas, or histonic structures (if "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, histonical tressures, or other similar assets? (if "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account hisblity, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments - program related 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 IVI Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI Did the organization seporat on the report of the section 1700(I)(N)(N)(I) "If "Yes," complet		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section \$01(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96.197 if "Yes," complete Schedule C, Part III 5 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investments of a security of the complete Schedule D, Part II 1 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 1 Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV 1 If the organization report an amount for investments of their securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IV 1 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 167 If "Yes," complete Schedule D, Part X II 1 Did the organization report an amount for orbit resistance in Part X, line 157 If "Yes," complete Schedule D, Part X II 1 Did the organization report an amount for orbit resistance in Part X, line 157 If "Yes," complete Schedule D, Part X II 1 Did the organization report an amount for orbit resistance in Part X, line 157 If "Yes," complete Schedule D, Part X II 1 Did the organizati	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	İ		
smillar amounts as defined in Revenue Procedure 98.19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any smillar 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 "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other smillar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in hemporarily restricted endowments, permanent endowments, or quas-redowments? If "Yes," complete Schedule D, Part VV If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VV If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VVI Did the organization report an amount for investments - other securities 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 VVI Did the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VVI Did the organization report an amount for other assets in Part X, line 15? that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XVI Did the organization or separate or consolidat			4		
6 Did the organization maintain any donor advised funds or any smalar funds or accounts for which donors have the right to prowde advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization report an amount for investments, or quasi-endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 10 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 11 Did the organization report an amount for investments - other securities 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 11 Did the organization report an amount for investments or the text year include a footnote that addresses the organization of part and amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 12 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported i	5		Ī		
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9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V I 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I 11 If V 25 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V II 11 If V 2 If V 25 If V 25 If Yes," complete Schedule D, Part V II 11 If V 2 If V 25 If V 25 If Yes," complete Schedule D, Part V II II II V 2 If V 25 If Yes," complete Schedule D, Part V II II II V 2 If V 25 If Yes," complete Schedule D, Part V II II II V 2 If V 25 If Yes," complete Schedule D, Part V II II II V 2 If V 25 If V 25 If Yes," complete Schedule D, Part V II II II V 2 If V 25 If V 25 If Yes," complete Schedule D, Part V II II V 2 If V 25 If V 25 If V 25 If Y 25 If	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	l	li	ı
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 16 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 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 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 17 If X 18 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Complete Schedule G, Part III	Ь	-	l		.,
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19 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	10		40		x
complete Schedule G. Part III Y	10		18		
	.5		10		x
		COMPLETE SCHEDULE SI, FAILIII		990 /	

Dowt IV		of Doguisod	Cahadulaa	
Partiv	Checkiisi	oi neauirea	Scheuules	(continued)
		of Required		(CONTINUEU)

	•		162	1110
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>		
_	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		000	х	ļ
04-	Schedule J	23	_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├ ─
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c		├ —
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1]
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ļ		l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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,"	1		
	complete Schedule L, Part II	26	Х	L
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		1
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	· · · ·	May.	,
	instructions for applicable filing thresholds, conditions, and exceptions)	ملاده	À	ķ.
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	}		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L i	<u>L.</u> _
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
- "	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	x	İ
			990	(2016

Y ai	rt 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			Щ.
		F 4 490 B	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 58184			<u>}</u> %
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0	ļ.	7 17	l sá
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	i šis		à.
	(gambling) winnings to prize winners?	_1c_	X	2000 000
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	î.e.	* · ·	
	filed for the calendar year ending with or within the year covered by this return 2a 470			~ .*
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	فمنشد	g×.	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b_	Х	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	70-	X
b	If "Yes," enter the name of the foreign country	, ×	<u>*</u>	-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-3	ľ	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b		_5b_		X
C		5c		
6a			l	
	any contributions that were not tax deductible as chantable contributions?	<u>6a</u>	х	<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		۱	1
_	were not tax deductible?	6b	X	\ \ \ \ \ \ \ \
7	Organizations that may receive deductible contributions under section 170(c).	.3.	ند.	1 3
а		7a	-	├
	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 required			
	to file Form 8282?	7c		16 3
	If "Yes," indicate the number of Forms 8282 filed during the year	.**		× . 1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
f	THE RESERVE TO THE PARTY OF THE	7g		
g	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	₹‰′. 8	2007.0	-320
9	Sponsoring organizations maintaining donor advised funds.			3
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	~ Air	1 1000
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
o	Section 501(c)(7) organizations. Enter	**	3	8
а	Initiation fees and capital contributions included on Part VIII, line 12	, WW.		1
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	¥.	\$ 10 mg	Ì
1	Section 501(c)(12) organizations. Enter	<u>`</u>	* :	1
а	Gross income from members or shareholders	Ι.	*	: 3
b	Gross income from other sources (Do not net amounts due or paid to other sources against]		,
	amounts due or received from them.)] ,	200	ž.
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		2000	2
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	* **.	i)	ja
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	g*:	*	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ا این ا
	organization is licensed to issue qualified health plans 13b	, *		
C	Enter the amount of reserves on hand	33	<u> </u>	\$
	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 O	14b	000	(2016)
		EARN	. uuri	(DO110)

Form	990 (2016) ROGUE CREDIT UNION 93-04911		_ F	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		•	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>'</u>	7	3 K
	If there are material differences in voting rights among members of the governing body, or if the governing		,	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	No.	53	6
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		2.5
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	ند کھن	13 V
	officer, director, trustee, or key employee?	2	P . 2000-2-V 700	X
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
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	х	
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1.13	2
а	The governing body?	8a	x	-27
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u> </u>		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This occion is requests information about policies not required by the internal neverue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	•
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		9	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		x
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	-	F
·	In Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13	х-	
14	Did the organization have a written document retention and destruction policy?	14	X	\vdash
15	Did the process for determining compensation of the following persons include a review and approval by independent	85	~ ,	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		5	3
а	The organization's CEO, Executive Director, or top management official	15a	x	
	Other officers or key employees of the organization	15b	x	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	- 	
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3	
iva	taxable entity during the year?			x
	·	16a		
D	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		Ź	1
			Æ	-
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	<u> </u>	Ь—
17	Lot all blacks with which a copy of the verification to be middle	vodet!		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinanci	ıal	
	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			
	GENE PELHAM - 800-856-7328			
	1370 CENTER DRIVE, MEDFORD, OR 97501			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated
Name and This	hours per	box	not cl	ss per	rson	s bot	n an	compensation	compensation	amount of
	week	offi	cer an	dad	recto	ar/trus	tee)	from	from related	other
	(list any	trustee or director			l		l	the	organizations	compensation
	hours for related	or di	ee Ge	1		sated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	Institutional trustee	}	9	Highest compensated employee	i	(W-2/1099-MISC)		organization and related
	below	dual	utrona	ايا	Кеу етрюуее	st co	l <u>.</u>	į į		organizations
	line)	Individual	Instit	Officer	Keye	E E	Former			ľ
(1) JERRY HAUCK	1.00					Г	Γ	1		
CHAIR	1.00	x		х				0.	0.	(
(2) LYNN CALHOUN	1.00	Г				Γ				
VICE CHAIR		x_		x		<u> </u>		0.	0.	t
(3) MARK COLLINS	1.00									
SECRETARY		х		х	L	L	L	0.	0.	
(4) PHILIP SMITH	1.00					Ī				
TREASURER		х	L	x				0.	0.	(
(5) CHERYL MCMAHAN	1.00] _			
BOARD MEMBER		х				<u> </u>		0.	0.	
(6) TIM GEORGE	1.00				1					
BOARD MEMBER, FORMER SECRE		х		Х	_		<u> </u>	0.	0.	
(7) LIZ SHELBY	1.00				1					1
BOARD MEMBER		Х	Ш			L	<u> </u>	0.	0.	
(8) EUGENE L PELHAM	50.00				1		Ì			
PRESIDENT & CEO	1.00			Х			L	555,522.	0.	317,680
(9) MATT STEPHENSON	50.00	1				l	l			
EXECUTIVE VICE PRESIDENT	1.00	<u> </u>	Ш	X	L.	_	<u>L</u>	342,121.	0.	123,836
(10) BLAKE THURMAN	50.00					ļ	l			
CHIEF FINANCIAL OFFICER		<u> </u>	Щ	Х		L_	L.	221,395.	0.	85,604
(11) RICH MUCKEY	50.00	1				1	Ì	1		
CHIEF LENDING OFFICER		<u> </u>			X	L_	L	274,336.	0.	79,443
(12) JEANNE PICKENS	50.00									
CHIEF OPERATIONS OFFICER	1.00	_	\Box		Х		<u> </u>	193,109.	0.	81,028
(13) JEFFRY DEE ROBERSON	50.00						l			t.
CHIEF INFORMATION OFFICER	1.00	L.	Ш	\Box	х	L_		180,050.	0.	70,975
(14) KAREN ZERGER	50.00									ı
CHIEF ADMINISTRATIVE OFFIC	1.00	<u> </u>	$\sqcup \downarrow$			Х	L.	183,416.	0.	67,120
(15) GARY DUVALL	50.00	!					l			
FINANCIAL ADVISOR			$\vdash \dashv$	_4	<u> </u>	Х	<u> </u>	197,695.	0.	33,649
(16) SCOTT MULKINS	50.00	[i					l			
VP OF ENTERPRISE RISK MANAGEMENT		<u> </u>	\sqcup	□		х	L.	140,315.	<u>0.</u>	29,824
(17) DAVID MCLAUGHLIN	50.00									
VP OF BUSINESS SERVICES		Щ.				Х		141,930.	0.	35,950

632007 11-11-16

Form 990 (2016)

Name and title Average hours per week (Ist any) hours for related organizations below line) (18) RAYMOND HIGGINS VP OF INFORMATION SERVICES (Ist) Average hours per week (Ist) Average hou	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
Name and due Nours for week Rist any hours for related organizations Nours for related organizations	. (A) (B) (C) (D) (E) (F)												
Compensation Comp	Name and title //do not check more than one neportable neportable								,	Estima	ted		
(Ist any hours for related organizations below line) (18) RAYMOND HIGGINS (18) RAYMOND SERVICES (18) RAYMOND SERVICES (18) RAYMOND HIGGINS (19) OF INFORMATION SERVICES (18) RAYMOND HIGGINS (1		hours per box, unless person is both an compensation compensation								on	amoun	t of	
Total from the organization No. Services So. O. O. O. O. O. O. O.		1 -	_	cer an	id a d	irecto	r/trus	tee)	from	from relate	ď	othe	r
(18) RAYMOND HIGGINS VP OF INFORMATION SERVICES 10			ector			l	(ļ	i ''''		1	, ,	
(18) RAYMOND HIGGINS VP OF INFORMATION SERVICES 10			or dir	يو		ļ	를	ĺ		(W-2/1099-MI	SC)	ı	
(18) RAYMOND HIGGINS VP OF INFORMATION SERVICES 10		1	stee	truste		۵	pens		(W-2/1099-MISC)				
(18) RAYMOND HIGGINS VP OF INFORMATION SERVICES 10		, -	ını jer	lonal		akola	CO m				ļ	1	
(18) RAYMOND HIGGINS VP OF INFORMATION SERVICES 10	line) hitor maturingles and midvad in maturi											organiza	tions
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2,576,756. 0. 934,883. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization	(18) RAYMOND HIGGINS	50.00	-	-	۴	¥	프피	۳		ļ			
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2,576,756. 0. 934,883. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation from the organization	VP OF INFORMATION SERVICES		l			1	х		146,867.		٥.	9	,778,
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization												<u>,</u>	
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compensation from the organization Yes No								<u> </u>				934	,883.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization		ot limited to th	ose	liste	d at	ove) wh	o re	eceived more than \$100,	000 of reportable	Э		26
 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 	compensation from the organization		_									Ves	
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	2 Did the organization list any former officer	director or tri	cto	. ka	v en	nnlo	V00	۰. ۱	highest componented on	anlovos on	ſ		110
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	•		SIC	5, NC	y Cii	ripio	yee,	011	nighest compensated en	npioyee on	- 1	" 	` ູ ∞
	1. 103, Complete Concedit o for Sacriffication										,		
										ne organization	į		
1 (I A B" W	5 45												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. 5 X								iaic	sa organization or intivid	idar for services	ļ		21
Section B. Independent Contractors		iniere oniednie	. <u> (</u>	JI SU	(L/) [JEIS	<u> </u>	_					
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from		mpensated ind	epe	nder	nt co	ontra	ctor	s th	nat received more than \$	100,000 of com	 pensat	tion from	
and the second of the second o	the organization. Report compensation for	the calendar ye	ar e	ndın	g w	nth c	or wit	thın	the organization's tax ye	ear			
the organization. Report compensation for the calendar year ending with or within the organization's tax year	(A)				_			T	(B)			(C)	
the organization. Heport compensation for the calendar year ending with or within the organization's tax year					., .,			Ť				(0)	
	Name and business	address						- [Description of s	ervices	C	ompensatio	on

(A) Name and business address	(B) Description of services	(C) Compensation
FISERV		<u> </u>
PO BOX 99924, GRAPEVINE, TX 76099	CORE PROCESSOR	2,980,415.
FIRST AMERICAN TITLE, 1225 CRATER LAKE AVE		
#101, MEDFORD, OR 97504	TITLE SERVICING	2,562,634.
COOK SECURITY , 5841 SE INTERNATIONAL WAY,		
MILWAUKIE, OR 97222	SECURITY	1,849,121.
NATIONAL CREDIT UNION ADMINISTRATION		
1775 DUKE ST. , ALEXANDRIA, VA 22314	FUND INSURANCE	1,518,128.
DIAMOND MARKETING SOLUTIONS GROUP INC	STATEMENT AND MARKETING	
3372 MOMENTUM PLACE, CHICAGO, IL 60689	MAILING	569,987.
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	to those listed above) who received more than 34	
\$100,000 of compensation from the organization	34	- 000 -

Form **990** (2016)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded
from tax under
sections
512 - 514 Unrelated Total revenue Related or **(%**) exempt function business revenue revenue 1 a Federated campaigns 1a 1b Membership dues Fundraising events 10 1d d Related organizations Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 51,752,726 752,726 INTEREST ON LOANS 522100 Program Service Bevenue 45,646 9,808,153 OTHER OPERATING INCOME 522100 9,853,799. 522100 3,433,282 3,315,159 118,123 SERVICE CHARGES & FEES All other program service revenue 65,039,807. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,872,605 84,013. 3,788,592. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 770,519 56,096,010. assets other than inventory b Less cost or other basis 53,648,342. 1,038,893 and sales expenses -268,374. 2,447,668 c Gain or (loss) 179 294 374 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a All other revenue Total. Add lines 11a-11d 71,091,706. 64,607,664 247,782. 6,236,260. Total revenue. See instructions.

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Form **990** (2016)

Form 990 (2016) ROGUE CREDIT UNION
Part IX Statement of Functional Expenses

Secti	on-501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			omplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		схропосо	X 7 3 W	CAPCHICOS .
•	and domestic governments. See Part IV, line 21	200,175.			
2	Grants and other assistance to domestic		-		13 1000
_	ındıvıduals See Part IV, line 22			The state of the s	
3	Grants and other assistance to foreign				B\$ " / \$
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Compensation of current officers, directors,				
	trustees, and key employees	2,775,635.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			 	ļ
7	Other salaries and wages	18,248,610.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,070,169.		 	
9	Other employee benefits	2,165,708. 1,678,984.	<u> </u>		
10	Payroll taxes	1,070,964.	- ·		
11	Fees for services (non-employees)			1	ì
a	Management	89,383.			 -
b	Legal Accounting	143,313.			
c d	Lobbying				
e	Professional fundraising services. See Part IV, line 17			1 (M) 1 (8) N	
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch O.)	3,311,646.			
12	Advertising and promotion	729,143.			
13	Office expenses	1,864,497.		<u> </u>	
14	Information technology	1,175,941.			<u> </u>
15	Royalties			 	
16	Occupancy	1,925,156.		ļ	<u> </u>
17	Travel	349,095.		+	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		<u> </u>	-	
19	Conferences, conventions, and meetings Interest	2,811,566.	·	 	
20 21	Payments to affiliates	2,022,000.		 	
22	Depreciation, depletion, and amortization	2,602,211.	 -	+	
23	Insurance	188,821.			
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.)				¥, <u>¼</u> *
а	PROVISION FOR LOAN LOSS	6,389,746.			
b	LOAN SERVICING	1,178,363.			<u> </u>
С	ATM MAINTENANCE	287,444.			
d	OREO IMPAIRMENT	59,565.		 	
	All other expenses	2,737,917.		 	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	51,983,088.		 	
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 from the following SOP 98-2 (ASC 958-720)				
	11 TORO 1111 JULY 2 (100 300 120)		<u> </u>		<u> </u>

632010 11-11-16

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Par	t X	Balance Sheet					
_		Check if Schedule O contains a response or not	e to any line in this Part X				
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-		12,170,444.	1	11,364,925.
	2	Savings and temporary cash investments			35,279,434.	2	36,133,765.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			-	4	
	5	Loans and other receivables from current and fo	rmer officers, directors,		\$\$. g ** \$#.\$	*	· *** ; ;
		trustees, key employees, and highest compensa		!		¥.	
		Part II of Schedule L.	, , ,		0.	5	1,358,940.
	6	Loans and other receivables from other disquali	ied persons (as defined ur	nder	* \$ 4. 2. *******	· ¥- 25	· · · · ¥ · · ·
	_	section 4958(f)(1)), persons described in section				. 7	
		employers and sponsoring organizations of sect		J		1,	
		employees' beneficiary organizations (see instr)	* * * * * * * * * * * * * * * * * * * *		· · · · · · · · · · · · · · · · · · ·	6	
Assets	7	Notes and loans receivable, net			823,580,703.	7	952,870,413.
Ass	8	Inventories for sale or use	-	•		8	
	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment, cost or other	1			,	ž. 7.
	104	basis Complete Part VI of Schedule D	10a 71,689	888.			
	h	Less accumulated depreciation	10b 13,822	,412.	50,366,676.	10c	57,867,476.
	11	Investments - publicly traded securities			110,355,997.	11	180,362,034.
	12	Investments - other securities See Part IV, line	11		2,196,439.	12	2,261,557.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	• •			14	
	15	Other assets. See Part IV, line 11			32,284,285.	15	33,171,161.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,066,233,978.	16	1,275,390,271.
	17	Accounts payable and accrued expenses			16,170,012.	17	20,557,387.
	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		320,333.	21	498,589.
"	22	Loans and other payables to current and former		es,]	
ţį		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties	_		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	yables to related third				
		parties, and other liabilities not included on lines	s 17-24) Complete Part X o	of			
		Schedule D			944,898,639.	25	1,134,490,724.
	26	Total liabilities. Add lines 17 through 25			961,388,984.	26	1,155,546,700.
		Organizations that follow SFAS 117 (ASC 958	i), check here 🕨 🔲	and			
S		complete lines 27 through 29, and lines 33 and	d 34.				
2	27	Unrestricted net assets				27	
ala	28	Temporanly restricted net assets				28	ļ
9	29	Permanently restricted net assets				29	* *
돌		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨	X	\$ ' '\$.		
P		and complete lines 30 through 34.			**		
ets	30	Capital stock or trust principal, or current funds			0.	30	0.
188	31	Paid-in or capital surplus, or land, building, or ed	• •		0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		104,844,994.	32	119,843,571.
Ž	33	Total net assets or fund balances			104,844,994.	33	119,843,571.
	34	Total liabilities and net assets/fund balances			1,066,233,978.	34	1,275,390,271. Form 990 (2016)

Form 990 (2016)

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Form	990 (2016) ROGUE CREDIT UNION	93-04911	15	Pag	_{ie} 12
	rt XI Reconciliation of Net Assets	_			
	. Check if Schedule O contains a response or note to any line in this Part XI				X
		1			
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		091,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		983,	
3	Revenue less expenses. Subtract line 2 from line 1	3		108,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		844,	
5	Net unrealized gains (losses) on investments	5	-4,	013,	133.
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		-96,	908.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	İ			
	column (B))	10	119,	843,	571.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990]]		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).]		Ž.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	<u> </u>	, 7
	separate basis, consolidated basis, or both				3
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		acies.
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,	1 1	3	,
	consolidated basis, or both		`		;
	Separate basis Consolidated basis Both consolidated and separate basis			(8)	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			È
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched		1 1		*,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audıt)
	Act and OMB Circular A-133?		За		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		- 1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2016)

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 Open to Public

Name of the organization ROGUE CREDIT UNION		93-0491115
Part I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds	
organization answered "Yes" on Form 990, Part IV		osmpicio ii aio
organization anowards 100 or 1	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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	s in writing that the assets held in donor advis	ed funds
are the organization's property, subject to the organization	_	Yes No
6 Did the organization inform all grantees, donors, and don	-	
for chantable purposes and not for the benefit of the don		•
impermissible private benefit?	,	Yes No
Part II Conservation Easements. Complete if the	e organization answered "Yes" on Form 990, F	
Purpose(s) of conservation easements held by the organi		· · · · · · · · · · · · · · · · · · ·
Preservation of land for public use (e.g., recreation	,	orically important land area
Protection of natural habitat		tified historic structure
Preservation of open space	<u>—</u>	
2 Complete lines 2a through 2d if the organization held a q	ualified 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
a Total number of conservation easements	<u>.</u>	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) acquir	red after 8/17/06, and not on a historic structu	rre
listed in the National Register		2d
3 Number of conservation easements modified, transferred	I, released, extinguished, or terminated by the	organization during the tax
year ▶		
4 Number of states where property subject to conservation	n easement is located >	
5 Does the organization have a written policy regarding the	e periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easemer	nts it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing cons	servation easements during the year
		
7 Amount of expenses incurred in monitoring, inspecting, h	nandling of violations, and enforcing conservat	tion easements during the year
▶ \$		
8 Does each conservation easement reported on line 2(d) a	above satisfy the requirements of section 170(
and section 170(h)(4)(B)(ii)?	-	Yes No
9 In Part XIII, describe how the organization reports conser		
include, if applicable, the text of the footnote to the organ	nization's financial statements that describes t	the organization's accounting for
conservation easements Part III Organizations Maintaining Collections	of Art Historical Traccuras or Ot	hor Cimilar Assata
	•	itel Sillilar Assets.
Complete if the organization answered "Yes" on F		
1a If the organization elected, as permitted under SFAS 116		
historical treasures, or other similar assets held for public		nce of public service, provide, in Part XIII,
the text of the footnote to its financial statements that de		and belongs shoot works of ort. bustoned
b If the organization elected, as permitted under SFAS 116		
treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of put	one 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 X2 If the organization received or held works of art, historical	I treasures or other similar assets for finencial	
2 If the organization received or held works of art, historica the following amounts required to be reported under SFA		i gani, provide
a Revenue included on Form 990, Part VIII, line 1	to the production to these terms	▶ \$
b Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
LHA For Denominate Poduction Act Notice see the Instruct	None for Form 000	Schedule D /Form 990) 2016

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Sche	dule D (Form 990) 2016 ROGUE CREDI				<u></u>			93-049		Page 2
Pai	t III. Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following tha	t are a sig	nificant u	ise of its o	ollection if	lems
	(check all that apply)									
а	Public exhibition	d	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	on's exem	pt purpo	se ın Part	XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, his	stoncal treas	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be ma								Yes	No
Pa	TIV Escrow and Custodial Arrang		ete if the	e organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contributions	s or other as	sets not ır	ncluded		_	_
	on Form 990, Part X?							L_	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						_1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	istodial acco	unt liabilit	y?	Ĺ	Yes	X No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	d) Three y	ears back	(e) Four y	years back
1a	Beginning of year balance				ļ.——				<u> </u>	
þ	Contributions								<u> </u>	
c	Net investment earnings, gains, and losses								<u> </u>	
d	Grants or scholarships				ļ					
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses				ļ					
g	End of year balance				L					
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a))) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiza	ition tha	t are held ar	nd administer	red for the	e organiza	ation	_	
	by									Yes No
	(i) unrelated organizations						-		3a(i)	
	(ii) related organizations				•				3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a S	ee Form 990					
	Description of property	(a) Cost or o			or other		cumulate	l l	(d) Book	value
		basis (investr	nent)		(other)	dep	reciation		 _	
	Land .				,720,260.	*	\$.5			720,260.
	Buildings .	ļ		37	,919,080.		4,596,		33,3	322,670.
	Leasehold improvements			ļ	615,602.	,	519,			95,699.
	Equipment	ļ		14	,434,946.		8,706,	099.	5,7	728,847.
	Other			<u>L</u>		L		<u> </u>		
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X, colun	nn (B). line 1	Oc.)				57,8	367,476.

Schedule D (Form 990) 2016 ROGUE CREDIT UNIC	ON		93-0491115	Page 3
Part VII Investments - Other Securities.	•		"	<u></u>
. Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11b See Form 990, Part X	ζ, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on Cost or end-of-year market	value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			7	
(G)				
(H)				-
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		4 % 8.20 E. 19 % One		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, Iir	ne 11c. See Form 990, Part X	ζ, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuati	ion Cost or end-of-year market	t value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			_	
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		8		
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part >	K, 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	2 15.)		>	·
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, III		, Part X, line 25	
1. (a) Description of liability		(b) Book value		4
(1) Federal income taxes				
(2) MEMBER SHARES		1,134,490,724. 🚉		
(3)		: '		
(4)				
(5)				
(6)				/
(7)				
(8)				•
(9)				, .
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	1,134,490,724.		
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financia	al statements that reports the	
organization's liability for uncertain tax positions under				t XIII

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ROGUE CREDIT UNION		93-0491115 Page
Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Ret	urn.
. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
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	F	;
a Net unrealized gains (losses) on investments	2a	Σ , *
		*
· · ·	2b	*
c Recoveries of prior year grants	2c	<u>.</u>
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	<u> </u>	2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1	
a Investment expenses not included on Form 990, Part VIII, line 7b		***
b Other (Describe in Part XIII.)	4b "	`
c Add lines 4a and 4b	L	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		_5
Part XII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per Re	eturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	Γ	*
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses		
d Other (Describe in Part XIII)	2d	
	20	2e
	F	3
	F	\
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	<u>4a</u>	· 1
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	· [-	<u>4c </u>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part*XIII Supplemental Information.	 	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I		Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al information.	
		
		
		
		
		
		 ·- -
	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

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

Name of	Jame of the organization	Employer identification number
	ROGUE CREDIT UNION	93-0491115
Part	Part I General Information on Grants and Assistance	
1	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
CT	ontena used to award the grants or assistance?	X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	(b) EIN	(r) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ROGUE CREDIT UNION FOUNDATION INC PO BOX 4550 MEDFORD, OR 97501	46-4522157	501(C)(3)	99,147.	•0			LOCAL PROGRAMS AND SCHOLARSHIP FUNDS
PEAR BLOSSOM FESTIVAL ASSOCIATION PO BOX 335 MEDFORD, OR 97501	93-6031411 501(C)	501(C)(3)	7,500.	0.			LOCAL PROGRAMS
MEDFORD CRUISE ASSOCIATION PO BOX 629 MEDFORD, OR 97501	93-1274774 501(C)	501(C)(3)	5,000.	0.			LOCAL PROGRAMS
SOU FOUNDATION 1250 SISKIYOU BLVD ASHLAND, OR 97520	23-7030910	501(C)(3)	5,500.	0.			BDUCATION
MEDFORD SCHOOL DISTRICT 549C 815 S OAKDALE AVE MEDFORD, OR 97501	93-6000519	93-6000519 SCHOOL DISTRICT	15,000.	0.			BDUCATION
KID TIME 106 N CENTRAL AVE MEDFORD, OR 97501	93-1258855 501(C	501(C)(3)	25,000.	•0			BARLY EDUCATION
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	nd government org	ganizations listed in the table	line 1 table			:	€.
۱,	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2016)

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 93-0491115 (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant THE MARKETING DEPARTMENT DETERMINES THE AMOUNTS TO BE PAID AND PAYMENTS ARE (b) Number of recipients ROGUE CREDIT UNION PROCESSED THROUGH THE ACCOUNTS PAYABLE SYSTEM. (a) Type of grant or assistance Schedule | (Form 990) (2016) PART I, LINE 2: 632102 11-01-16 Part IV

SCHEDULE J (Form 990) ·

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ROGUE CREDIT UNION

Employer identification number

93-0491115

Pa	Partil Questions Regarding Compensation			
			Yes	No
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a personal content of	son listed on Form 990,	70	200
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the	ese items.	برتر کیم	J. F.
	First-class or charter travel Housing allowance or r	esidence for personal use	//	* 3
	Travel for companions Payments for business		# · · · ·	i,
	Tax indemnification and gross-up payments X Health or social club du	ues or initiation fees	4	× .
	Discretionary spending account Personal services (such	n as, maid, chauffeur, chef)	ر (
		[v **]	* 1	
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regardii	ng payment or	*)
	reimbursement or provision of all of the expenses described above? If "No," complete Part III	to explain 1b	Х	
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred	by all directors,	i Ja	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on		х	L
		*		82
3	3 Indicate which, if any, of the following the filing organization used to establish the compensat	ion 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.	Troiding organization to		à
	X Compensation committee Written employment co	ontract	a 32 1	3
	Independent compensation consultant X Compensation survey of	ne otrody		*
	X Approval by the board	or compensation committee		1
		· .	3	%
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect t	o the filing		* *
	organization or a related organization	3 3	. š	
а	a Receive a severance payment or change-of-control payment?	4a		X
b	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
c	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item	n ın Part III	` }z *	1
		} <u>`</u>	*	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	₹.	1.5
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accruir	e any compensation	, (
	contingent on the revenues of	.	à 2	ă V
а	a The organization?	<u>5</u> a		<u> </u>
b	b Any related organization?			<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.		* }	% '
6	6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	e any compensation		1 2 1
	contingent on the net earnings of		-44	
а	a The organization?	6a		<u> </u>
b	b Any related organization?	. 6b		
	If "Yes" on line 6a or 6b, describe in Part III		#	` .
7	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any r	nonfixed payments		,
	not described on lines 5 and 6? If "Yes," describe in Part III	7	- 	<u> </u>
8	8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that	at was subject to the		% . :
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	ın Part III 8	L	<u></u>
9	9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described by the second θ and θ are the second θ and θ are the second θ and θ are the second θ and θ are the second θ are the second θ and θ are the second θ are the second θ and θ are the second θ are the second θ and θ are the second θ are the second θ and θ are the second θ are the second θ and θ are the second θ are the second θ are the second θ and θ are the second θ and θ are the secon	enbed in		4 1.
	Regulations section 53.4958-6(c)?	9	L	<u> </u>
LLA	LUA For Demanded Paduation Act Notice and the Instructions for Form 900	Schodula I/Fore	- 000	2016

Schedule J (Form 990) 2016 ROGUE CREDIT UNION PARTIES OFFIcers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of \	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	able	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) EUGENE L PELHAM	€	416,012.	130,017.	9,493.	300,067.	17,613.	873,202.	0
PRESIDENT & CEO	: E	0	0	0	0	0	0	0
(2) MATT STEPHENSON	ε	275,312.	63,865.	2,944.	100,325.	23,511.	465,957.	0
EXECUTIVE VICE PRESIDENT	(ii)	0	0	.0	0.	0	0	0.
(3) BLAKE THURMAN	Θ	198,113.	22,028.	1,254.	62,093.	23,511.	306,999.	0
CHIEF FINANCIAL OFFICER	(iii)	0	0	0	0	0	0	• 0
(4) RICH MUCKEY	(3)	178,776.	94,575.	985.	57,894.	21,549.	353,779.	71,703.
CHIEF LENDING OFFICER		0	0	0	0	.0	.0	0
(5) JEANNE PICKENS	€	173,143.	19,741.	225.	57,517.	23,511.	274,137.	0
CHIEF OPERATIONS OFFICER		0	0	0	0	0	0	0
(6) JEFFRY DEE ROBERSON	Ξ	166,217.	13,463.	370.	47,464.	23,511.	251,025.	0
CHIEF INFORMATION OFFICER	€	0	0.	0.	0	0	0	0.
(7) KAREN ZERGER	Ξ	162,711.	19,918.	787.	52,147.	14,973.	250,536.	0
CHIEF ADMINISTRATIVE OFFIC	Ξ	0	0	0	0	0	0	0.
(8) GARY DUVALL	Θ	197,472.	.65	158.	16,020.	17,625.	231,340.	0
FINANCIAL ADVISOR	(iii)	0	0	.0	0	0	0	0.
(9) SCOTT MULKINS	(i)	130,197.	10,085.	33.	6,315.	23,509.	170,139.	0
VP OF ENTERPRISE RISK MANAGEMENT	(iii)	0	0	• 0	0	0	0	0
(10) DAVID MCLAUGHLIN	(3)	127,979.	13,938.	13.	12,439.	23,511.	177,880.	0
VP OF BUSINESS SERVICES	(iii)	0	0	.0	0	.0	0	0.
(11) RAYMOND HIGGINS	(3)	141,899.	4,942.	26.	2,200.	7,578.	156,645.	0
VP OF INFORMATION SERVICES	(ii)	0.	0	0	0	0.	.0	0.
	ε							
	(1)							
	ε							
	Ξ							
	Ξ							
	<u> </u>							
	Ξ							
	9							

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 ROGUE CREDIT UNION	93-0491115 Page 3	e 3
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	his part for any additional information	
PART I, LINE 1A;		-
THE CEO WAS PROVIDED UNREIMBURSED COMPANION TRAVEL EXPENSES NOT TREATED AS		
TAXABLE COMPENSATION SINCE ALL EXPENSES WERE DEEMED TO BE FOR A BONA FIDE		
BUSINESS PURPOSE FOR COMPANION VOLUNTEER ATTENDANCE AT CREDIT UNION SOCIAL		
EVENTS. THE CEO RECEIVED UNREIMBURSED DUES FOR COUNTRY CLUB SOCIAL		ļ
MEMBERSHIP NOT TREATED AS TAXABLE COMPENSATION SINCE THE EXPENSES WERE		
DEEMED TO BE FOR A BONA FIDE BUSINESS PURPOSE,		
PART I, LINE 4B:		
THE CEO AND EVP PARTICIPATED IN A 457(P) PLAN AND RECEIVED PAYMENTS DURING		
THE YEAR. THE CEO PARTICIPATED IN A SERP AND BENEFITS OF \$148,667 WERE		
ACCRUED DURING THE YEAR. THE CEO, EVP, CFO AND OTHER LEADERSHIP TEAM		
MEMBERS PARTICIPATED IN A 457(F) PLAN; CONTRIBUTIONS OF \$130,200, \$79,125,		1
\$44,464.75, AND \$176,267.29, RESPECTIVELY, WERE MADE DURING THE YEAR.		
		i
STATEMENT FOR COMPLIANCE WITH TREAS, REG, SECTION 1,7872-15(D)(2):		
THE CREDIT UNION (THE LENDER) ENTERED INTO A SPLIT DOLLAR LIFE		1
INSURANCE PLAN WITH THE EVP MATT STEPHENSON ON 8/25/2016. THIS		
AGREEMENT INCLUDES A NONRECOURSE LOAN TO MATT (THE BORROWER), ALL		
	Schedule J (Form 990) 2016	5016

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) 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.

Department of the Treas Internal Revenue Service	evenue Service Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990								orm99	00	Open To Public Inspection				
Name of the orga	nızatıon		D.T. 01	INIT ON					1			ificati	on nu	mber	
Part Exc	ess B				01(c)(3	3) secti	on 501(c)(4) and 50	11(c)(29) organization			71113				
)h				
1								5, 61 1 01111 000 LZ, 1 1	<u> </u>	1110 40		(d)	Corre	cted?	
(a) Name of c	tisqualit	fied person					(c) Description of tran	sactic	on 			$\neg \neg$	No	
		ROUB CREDIT UNION Selection 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). In the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b It of tax incurred by the organization managers or disqualified persons during the year under to fax, if any, on line 2, above, reimbursed by the organization To and/or From Interested Persons. If the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization an amount on Form 990, Part X, line 5, 6, or 22. In (b) Relationship (c) Purpose (d) Lean to α form the organization of loan (squantion) To From Interested Persons. If the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization an amount on Form 990, Part X, line 5, 6, or 22. To From With organization (f) Balance due (g) In (h) Approved (i) Written form with organization of loan (squantion) To From Interested Persons. If the organization (f) Balance due (g) In (h) Approved (i) Written form with organization of loan (squantion) To From Interested Persons. If the organization (f) Balance due (g) In (h) Approved (i) Written form with organization of loan (squantion) To From Interested Persons. If the organization answered "Yes" on Form 990, Part IV, line 27													
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2 Enter the am	ount of	tax incurred by	Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Iniziation answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified person and organization Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Iniziation answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Description of transaction (d) Corrected? Yes No Transactions (e) Description of transaction (f) Belance due (g) in the organization of form the organization organ												
section 4958					•		·			> \$					
3 Enter the am	ount of	tax, if any, on li	ne 2, a	above, reimburs	ed by	the org	ganization			> \$					
Destruction	4-	and/an Fran	- T-A	and the same											
**															
							, Part V, line 38a or l	Form 990, Part IV, Iin	e 26,	or if th	e orga	nızatı	on		
(a) Name							(e) Original	(f) Balance due	(0) In	(h) Ap	proved	(i) V	/ritten	
interested p		1	•		from the principal amount				J by bo	ard or		ment?			
									Yes	No	$\Gamma = \Gamma$	No '	Yes	No	
MATT STEPHENS	ON	EXECUTIV	7	SPLIT DO		х	1,350,000.	1,358,940.				(i) Written agreement? Yes No Yes No			
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														Written eement?	
Total							▶ \$	1,358,940.	7	, ×	· >*	Ŷ	Z	Ž.	
Part III Gra	nts o	r Assistance	Ben	efiting Inter	este	d Per	sons.								
(a) Name of interested person		interested person and assistance assistance assistance			1			f							
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Name of the organization **Employer identification number** ROGUE CREDIT UNION 93-0491115 FORM 990 PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION: A MEMBER-OWNED, NOT-FOR-PROFIT FINANCIAL COOPERATIVE FOR THE PURPOSE OF ENCOURAGING THRIFT AMONG ITS MEMBERS, CREATING A SOURCE OF CREDIT AT A FAIR AND REASONABLE RATE OF INTEREST, AND PROVIDING AN OPPORTUNITY FOR ITS MEMBERS TO USE AND CONTROL THEIR OWN MONEY IN ORDER TO IMPROVE THEIR ECONOMIC AND SOCIAL CONDITION AND TO CONDUCT SUCH ACTIVITIES AS PERMITTED UNDER THE OREGON CREDIT UNION ACT. FORM 990, PART VI, SECTION A, LINE 6: THE CREDIT UNION IS A FINANCIAL COOPERATIVE THAT IS MEMBER OWNED. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS THAT HAVE REACHED SIXTEEN YEARS OF AGE EACH HAVE ONE VOTE ON MATTERS BROUGHT TO VOTE AT MEMBER MEETINGS, INCLUDING ELECTION OF BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS REVIEWED BY THE CEO. EVP. CFO AND CONTROLLER, AS WELL AS BY THE BOARD OF DIRECTORS, BEFORE BEING FILED. FORM 990, PART VI, SECTION B, LINE 15: IN 2016, A FORMAL OUTSIDE SERVICE WAS UTILIZED, AS WELL AS TWO OTHER PURCHASED SALARY SURVEYS AND REVIEW OF PUBLISHED FORMS 990, FOR ALL VP AND HIGHER POSITIONS, INCLUDING CEO THE BOARD OF DIRECTORS APPROVED THE CEO'S COMPENSATION AND THE CEO APPROVED THE COMPENSATION FOR ALL VP AND HIGHER

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	Employer identification number
, ROGUE CREDIT UNION	93-0491115
FORM 990, PART VI, SECTION C, LINE 19:	
MONTHLY FINANCIAL STATEMENTS ARE POSTED IN BRANCHES FOR MEMBERS TO VIEW.	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE	
TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PASSTHROUGH INCOME -96,908.	
	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Ves" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.rs.gov/form990

2016

OMB No 1545-0047

Open to Public Inspection Employer identification number

(g) Section 512(b)(13) Š controlled × entity? Direct controlling 1,292,366. ROGUE CREDIT UNION Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 93-0491115 Direct controlling OGUE CREDIT entity End-of-year assets NOING e status (if section Public charity 501(c)(3)) Ð INE 10 115,080, Total income Exempt Code 包 section 501(C)(3) ₤ Legal domicile (state or Part : Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) OREGON OREGON CHARITABLE GIVING TO LOCAL 93-1261851, 1370 CENTER DRIVE, MEDFORD, OR INSURANCE & FINANCIAL Primary activity Primary activity ADVISORY SERVICES PROGRAMS ROGUE FEDERAL MEMBER FINANCIAL SERVICES LLC 46-4522157, PO BOX 4550, MEDFORD, OR 97501 ROGUE CREDIT UNION Name, address, and EIN (if applicable) ROGUE CREDIT UNION FOUNDATION INC Name, address, and EIN of related organization of disregarded entity Part II 37501

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

29

Schedule R (Form 990) 2016

ROGUE CREDIT UNION Schedule R (Form 990) 2016

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

age dir]	1	!	1
(i) (k) General or Percentage managing ownership partner?		<u> </u>		
General or F managing partner?				
2 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 × 0 ×		-		
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				
Con Con K-1 (F)				
(h) Disproportionate allocations?				
Disprope altocal				
(g) Share of end-of-year assets	 			
Sha end-c				
otal				
(f) Share of total income		i	į	
<u> </u>				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				
(e) ominant ited, unr ed from ions 512				
Predc (rela exclude sect				
(d) Direct controlling entity				l
(d) ct cont entity				
(c) Legal domicile (state or foreign				ii
лtу				
(b) Pnmary activity			i	
Pnme				
EIN tion				
(a) Name, address, and EIN of related organization				
(a) 9, addres llated org				
Name of re				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. PartiV

(a)	(q)	<u>©</u>	(P)	(e)	(£)	(6)	ε	€
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct	100 C	Shar	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?
		country)		Of tiday		doodlo		Yes No
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632162 09-06-16		! 				Sche	Schedule R (Form 990) 2016	990) 20

Schedule R (Form 990) 2016 ROGUE CREDIT UNION Fart V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
	with one or more re	ated organizations listed ir	_1_	***
a neceipt of (i) interest, (ii) aminines, (iii) royantes, or (iv) ferit from a component emity. A. Giff great or central contribution to related organization(s)			-	:
			2 4	×
			2 ;	; ;
d Loans or loan guarantees to or for related organization(s)			19	Y
 Loans or loan guarantees by related organization(s) 				×
			**	
f Dividends from related organization(s)			#	×
g Sale of assets to related organization(s)			21	×
			=	×
i Exchange of assets with related organization(s)			ï	×
j Lease of facilities, equipment, or other assets to related organization(s)			11	×
is I asse of facilities accuipment or other assets from related organization(s)				×
Performance of services or membership or fundraising solicitations for related organization(s)	ization(s)		=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	iization(s)		Ę	×
Sharing of facilities, equipment, mailing lists, or other assets with re	on(s)		÷	×
			10	×
p Reimbursement paid to related organization(s) for expenses				X
q Reimbursement paid by related organization(s) for expenses			19	×
r Other transfer of cash or property to related organization(s)			+	×
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	no must complete th	is line, including covered re	elationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1) ROGUE CREDIT UNION FOUNDATION INC	В	96,498	CASH VALUE	
				ļ
(3)				
(4)				
(5)				
632 163 09-06-16			Schedule R (Form 990) 2016	n 990) 2016

Schedule R (Form 990) 2016 ROGUE CREDIT UNION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue).

(a) (b) (c) (d)	(q)	(0)	e) (p)	(J)		(a)	ε	(5)	3	(X
Name, address, and EIN of entity	Primary activity	Legal domicile	Predominant income parties sec (related, unrelated, 501(5)(3)	დ ţ		of red	Dispropor- tionate	Dispropor- Literate amount in box 20 managing awarethin	General or managing	Percentage
		country)	excluded from tax under ons / sections 512-514) Yes No	-			Yes No	of Schedule K-1 (Form 1065)	Yes No	
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								Schedule	R (For	Schedule B (Form 990) 2016
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Schedule R	Form 990) 2016 ROGUE CREDIT UNION	93-0491115	Page 5
Part VII	Form 990) 2016 ROGUE CREDIT UNION Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions.		
			
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