

EXTENDED TO NOVEMBER 16, 2020

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

Form A: B Check if applicable, C Name of organization (ROGUE CREDIT UNION), D Employer identification number (93-0491115), E Telephone number (800-856-7328), F Name and address of principal officer (GENE PELHAM), G Gross receipts (115,477,376), H(a) Is this a group return for subordinates? (Yes [X] No), H(b) Are all subordinates included? (Yes No), I Tax-exempt status (501(c)(3) [X]), J Website (WWW.ROGUECU.ORG), K Form of organization (Corporation [X]), L Year of formation (1956), M State of legal domicile (OR)

Part I Summary

Table with columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission (SEE SCHEDULE O), 2-7 Governance (3-7 members, 578 employees, 318 volunteers, 227,625 revenue, 64,775 net income), 8-12 Revenue (Total 101,684,018), 13-19 Expenses (Total 23,973,827), 20-22 Net Assets or Fund Balances (Total 183,050,358).

Part II Signature Block

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

Signature Block: Sign Here (Signature of officer GENE PELHAM, Date 11/13/20), Preparer (WENDY CAMPOS, MOSS ADAMS LLP, 805 SW BROADWAY STE 1200, PORTLAND, OR 97205, Date 11/13/20, PTIN P00448102)

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

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Part III Statement of Program Service Accomplishments

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

Input box for Schedule O reference

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? [ ] Yes [X] No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code ) (Expenses \$ including grants of \$ ) (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 on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entry or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	X	
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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		X
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	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part VII Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, federal filings, business income, foreign accounts, prohibited transactions, and charitable contributions.



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EUGENE L PELHAM CHIEF EXECUTIVE OFFICER	50.00 1.00	X		X				998,467.	0.	38,763.
(2) MATT STEPHENSON EXECUTIVE VICE PRESIDENT	50.00 1.00	X		X				430,599.	0.	62,942.
(3) BLAKE THURMAN CHIEF FINANCIAL OFFICER	50.00 1.00	X		X				391,516.	0.	39,792.
(4) GERALD HAUCK BOARD CHAIR	1.00 1.00	X						25,000.	0.	0.
(5) HEATHER JOHNSON SUPERVISORY COMMITTEE MEMB	1.00	X						21,000.	0.	0.
(6) CHERYL MCMAHAN BOARD SECRETARY	1.00	X						21,000.	0.	0.
(7) PHILIP SMITH BOARD VICE CHAIR	1.00	X						21,000.	0.	0.
(8) TIMOTHY GEORGE FORMER BOARD MEMBER	1.00	X						21,000.	0.	0.
(9) ALEX PALM BOARD TREASURER	1.00	X						18,000.	0.	0.
(10) NEIL ITZEN BOARD MEMBER	1.00	X						7,500.	0.	0.
(11) CHAD HEESE CHIEF LENDING AND STRATEGY	50.00				X			285,416.	0.	32,116.
(12) JEANNE PICKENS CHIEF OPERATIONS OFFICER	50.00 1.00				X			238,455.	0.	58,859.
(13) KAREN ZERGER CHIEF ADMINISTRATION OFFIC	50.00 1.00				X			234,976.	0.	40,177.
(14) JEFFRY ROBERSON CHIEF INFORMATION OFFICER	50.00				X			230,308.	0.	33,841.
(15) VIRGINIA LEWIS MORTGAGE DELIVERY MANAGER	50.00					X		182,829.	0.	17,675.
(16) CHRISTOPHER DEBEIKES FINANCIAL ADVISOR	50.00					X		175,868.	0.	10,361.
(17) SCOTT MULKINS VP OF ENTERPRISE INSIGHTS	50.00					X		175,051.	0.	23,926.





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$					
	<b>h Total.</b> Add lines 1a-1f						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> INTEREST ON LOANS		522100	71,339,181.	71,339,181.		
	<b>b</b> OTHER OPERATING INCOME		522100	18,155,073.	18,115,756.	39,317.	
	<b>c</b> SERVICE CHARGES & FEES		522100	5,083,237.	4,894,929.	188,308.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f				94,577,491.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			6,331,480.		6,331,480.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>6b</b> Less rental expenses					
	<b>6c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b> 13,025,003.	1,543,402.				
		<b>7b</b> 13,115,494.	677,864.				
	<b>7c</b> -90,491.	865,538.					
	<b>d</b> Net gain or (loss)			775,047.	865,538.		-90,491.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		<b>8a</b>				
	<b>b</b> Less direct expenses		<b>8b</b>				
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities See Part IV, line 19		<b>9a</b>					
<b>b</b> Less direct expenses		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>					
<b>b</b> Less cost of goods sold		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				101,684,018.	95,215,404.	227,625.	
					6,240,989.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	498,765.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,250,725.			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,296,156.			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,049,936.			
9 Other employee benefits	2,586,827.			
10 Payroll taxes	2,275,161.			
11 Fees for services (nonemployees)				
a Management				
b Legal	133,736.			
c Accounting	245,055.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,947,638.			
12 Advertising and promotion	1,891,036.			
13 Office expenses	2,645,526.			
14 Information technology	1,033,444.			
15 Royalties				
16 Occupancy	2,487,107.			
17 Travel	342,268.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,219,035.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,379,427.			
23 Insurance	247,023.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR LOAN LOSS	7,712,288.			
b LOAN SERVICING	3,018,336.			
c ATM MAINTENANCE	575,226.			
d				
e All other expenses	3,875,476.			
25 Total functional expenses. Add lines 1 through 24e	77,710,191.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	13,271,610.	1	12,955,030.
	2	Savings and temporary cash investments	33,823,895.	2	45,354,171.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	1,411,070.	5	1,437,880.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	1,245,764,735.	7	1,354,164,916.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	95,823,918.		
	10b	Less accumulated depreciation	25,008,327.	10c	70,815,591.
	11	Investments - publicly traded securities	144,388,580.	11	167,343,309.
	12	Investments - other securities See Part IV, line 11	6,246,564.	12	7,941,531.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	28,873,265.	15	37,266,930.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	1,544,977,647.	16	1,697,279,358.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	21,204,292.	17	28,654,294.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	1,155,902.	21	1,766,884.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,368,091,786.	25	1,483,807,822.
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,390,451,980.	26	1,514,229,000.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	154,525,667.	31	183,050,358.
	32	Total net assets or fund balances	154,525,667.	32	183,050,358.
33	<b>Total liabilities and net assets/fund balances</b>	1,544,977,647.	33	1,697,279,358.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	101,684,018.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,710,191.
3	Revenue less expenses Subtract line 2 from line 1	3	23,973,827.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	154,525,667.
5	Net unrealized gains (losses) on investments	5	4,550,864.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	183,050,358.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

Open to Public Inspection

Name of the organization

ROGUE CREDIT UNION

Employer identification number

93-0491115

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

Schedule D (Form 990) 2019

932051 10-02-19

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? | 3b     |    |

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,380,410.		22,380,410.
b Buildings		48,167,580.	7,451,795.	40,715,785.
c Leasehold improvements		711,161.	614,722.	96,439.
d Equipment		24,357,502.	16,941,810.	7,415,692.
e Other		207,265.		207,265.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,815,591.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEMBER SHARES	1,483,807,822.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	101,684,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	101,684,018.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	101,684,018.

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

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

1	Total expenses and losses per audited financial statements		1	77,710,190.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII)	2d		
	e Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	77,710,190.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	77,710,190.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE CREDIT UNION IS STATE-CHARTERED AND FEDERALLY TAX-EXEMPT UNDER

INTERNAL REVENUE CODE SECTION 501(C)(14), EXCEPT TO THE EXTENT OF

UNRELATED BUSINESS INCOME. AN EXEMPT ORGANIZATION RETURN AND UNRELATED

BUSINESS INCOME TAX RETURNS ARE FILED ANNUALLY WITH THE APPLICABLE FEDERAL

AND STATE TAX JURISDICTIONS. UNRELATED BUSINESS INCOME TAX IS

INSIGNIFICANT AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. THE CREDIT UNION'S WHOLLY-OWNED

SUBSIDIARY IS A DISREGARDED ENTITY FOR TAX PURPOSES AND IS THEREFORE NOT

SUBJECT TO FEDERAL INCOME TAX.

ADDITIONALLY, THE CREDIT UNION HAD NO UNRECOGNIZED TAX BENEFITS AS OF



**Part XIII** Supplemental Information *(continued)*

DECEMBER 31, 2019. THE CREDIT UNION RECOGNIZES INTEREST ACCRUED AND

PENALTIES RELATED TO THE UNRECOGNIZED TAX BENEFITS AS AN ADMINISTRATIVE

EXPENSE. DURING THE YEAR ENDED DECEMBER 31, 2019, THE CREDIT UNION

RECOGNIZED AN IMMATERIAL AMOUNT OF INTEREST AND PENALTIES.

Multiple horizontal lines for supplemental 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization  
**ROGUE CREDIT UNION**  
Employer identification number  
93-0491115

**Part I General Information on Grants and Assistance**

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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) 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 non-cash assistance	(h) Purpose of grant or assistance
ROGUE CREDIT UNION FOUNDATION INC 1370 CENTER DRIVE MEDFORD, OR 97501	46-4522157	501(C)(3)	380,858.	0.			GENERAL SUPPORT OF FULLY CONTROLLED ENTITY
KIDS UNLIMITED OF OREGON 821 N RIVERSIDE AVENUE MEDFORD, OR 97501	93-1329922	501(C)(3)	25,006.	0.			SCOREBOARD SPONSORSHIP, SUPPORTS LOW INCOME YOUTH PROGRAM
PEAR BLOSSOM ASSOCIATION PO BOX 335 MEDFORD, OR 97501	93-6031411	501(C)(3)	10,000.	0.			PEAR BLOSSOM FESTIVAL SPONSORSHIP
CITY OF MEDFORD 200 S IVY STREET, 2ND FLOOR, B/L MEDFORD, OR 97501	93-6002207	GOV	10,000.	0.			MOVIES IN THE PARK 2019
CREDIT UNION NATIONAL ASSOCIATION PO BOX 431 MADISON, WI 53701	23-7065623	501(C)(6)	10,000.	0.			AWARENESS INITIATIVE CAMPAIGN
SOUTHERN OREGON UNIVERSITY FOUNDATION - 1250 SISKIYOU BLVD - ASHLAND, OR 97520	23-7030910	501(C)(3)	9,995.	0.			ATHLETIC DEPARTMENT SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **9.**

3 Enter total number of other organizations listed in the line 1 table **4.**

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

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) 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 non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF MEDFORD JACKSON COUNTY 101 E 8TH STREET MEDFORD, OR 97501	93-0197580	501(C)(6)	9,000.	0.			CHAMBER 100 EVENT SPONSORSHIP, CHAMBER FORUM SPONSORSHIP
ROGUE DUCK DERBY PO BOX 1201 GRANTS PASS, OR 97528	94-3255535	501(C)(3)	7,500.	0.			DUCK DERBY SPONSORSHIP
PACIFIC CREST FEDERAL CREDIT UNION PO BOX 1179 KLAMATH FALLS, OR 97601	93-0348780	501(C)(3)	7,500.	0.			MAXX CUAKIDS WAGON, DONATED TO CHILDREN'S HOSPITAL
BANDON CHAMBER OF COMMERCE PO BOX 1515 BANDON, OR 97411	93-0592392	501(C)(6)	7,000.	0.			DONATION TO SUPPORT LOCAL FESTIVAL
UNITED WAY OF JACKSON COUNTY INC. 60 HAWTHORNE ST MEDFORD, OR 97504	93-0576632	501(C)(3)	6,000.	0.			CAPITAL CAMPAIGN, DAY OF CARING
MEDFORD CRUISE ASSOCIATION PO BOX 629 MEDFORD, OR 97501	93-1274774	501(C)(3)	5,000.	0.			LOCAL FESTIVAL & CAR SHOW - PROCEEDS GO TO YOUTH ORGANIZATIONS
MEDFORD ROGUES BASEBALL CLUB PO BOX 699 MEDFORD, OR 97501	39-2079776	501(C)(3)	5,000.	0.			SPONSORSHIP OF LOCAL AAA TEAM

**Part III** 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

THE MARKETING DEPARTMENT DETERMINES THE AMOUNTS TO BE PAID AND PAYMENTS ARE PROCESSED THROUGH THE ACCOUNTS PAYABLE SYSTEM.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

ROGUE CREDIT UNION

Employer identification number

93-0491115

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
 If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?  
**b** Any related organization?  
 If "Yes" on line 5a or 5b, describe in Part III

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?  
**b** Any related organization?  
 If "Yes" on line 6a or 6b, describe in Part III

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		
<b>5b</b>		
<b>6a</b>		
<b>6b</b>		
<b>7</b>		
<b>8</b>		
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EUGENE L PELHAM CHIEF EXECUTIVE OFFICER	(i) 589,931. (ii) 0.	407,053. 0.	1,483. 0.	22,400. 0.	16,363. 0.	1,037,230. 0.	0. 0.
(2) MATT STEPHENSON EXECUTIVE VICE PRESIDENT	(i) 357,961. (ii) 0.	72,293. 0.	345. 0.	41,400. 0.	21,542. 0.	493,541. 0.	0. 0.
(3) BLAKE THURMAN CHIEF FINANCIAL OFFICER	(i) 217,385. (ii) 0.	173,658. 0.	473. 0.	18,250. 0.	21,542. 0.	431,308. 0.	0. 0.
(4) CHAD HESE CHIEF LENDING AND STRATEGY	(i) 204,895. (ii) 0.	80,226. 0.	295. 0.	10,574. 0.	21,542. 0.	317,532. 0.	0. 0.
(5) JEANNE PICKENS CHIEF OPERATIONS OFFICER	(i) 209,754. (ii) 0.	28,437. 0.	264. 0.	37,267. 0.	21,592. 0.	297,314. 0.	0. 0.
(6) KAREN ZERGER CHIEF ADMINISTRATION OFFICER	(i) 206,916. (ii) 0.	26,217. 0.	1,843. 0.	18,585. 0.	21,592. 0.	275,153. 0.	0. 0.
(7) JEFFRY ROBERSON CHIEF INFORMATION OFFICER	(i) 203,274. (ii) 0.	26,399. 0.	635. 0.	10,449. 0.	23,392. 0.	264,149. 0.	0. 0.
(8) VIRGINIA LEWIS MORTGAGE DELIVERY MANAGER	(i) 179,650. (ii) 0.	3,142. 0.	37. 0.	9,239. 0.	8,436. 0.	200,504. 0.	0. 0.
(9) CHRISTOPHER DEBEIKES FINANCIAL ADVISOR	(i) 173,363. (ii) 0.	2,505. 0.	0. 0.	3,376. 0.	6,985. 0.	186,229. 0.	0. 0.
(10) SCOTT MULKINS VP OF ENTERPRISE INSIGHTS	(i) 153,798. (ii) 0.	21,044. 0.	209. 0.	8,384. 0.	15,542. 0.	198,977. 0.	0. 0.
(11) GEOFFREY FRIDEN MORTGAGE LOAN OFFICER	(i) 167,545. (ii) 0.	1,699. 0.	0. 0.	8,854. 0.	6,525. 0.	184,623. 0.	0. 0.
(12) ANDREW STALEY VP OF INVESTMENT & INS SER	(i) 123,999. (ii) 0.	43,680. 0.	287. 0.	10,519. 0.	9,360. 0.	187,845. 0.	0. 0.
	(i) (ii) (i) (ii) (i) (ii) (i) (ii)	        	        	        	        	        	        

Part III Supplemental Information

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

PART I, LINE 1A:

THE CEO RECEIVED REIMBURSED 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 REIMBURSED DUES FOR COUNTRY CLUB SOCIAL 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 PARTICIPATED IN A SERP AND CONTRIBUTIONS OF \$183,140 WERE MADE

DURING THE YEAR. THE CEO PARTICIPATED IN A 457(F) PLAN AND RECEIVED

BENEFITS OF \$190,000. THE CEO, EVP, CFO AND OTHER LEADERSHIP TEAM MEMBERS

PARTICIPATED IN A 457(F) PLAN; CONTRIBUTIONS OF \$217,500, \$117,994,

\$49,504, AND \$203,908 RESPECTIVELY, WERE MADE DURING THE YEAR.

STATEMENT FOR COMPLIANCE WITH TREAS. REG. SECTION 1.7872-15(D)(2):

THE CREDIT UNION (THE LENDER) ENTERED INTO A SPLIT DOLLAR LIFE

INSURANCE PLAN WITH THE EVP MATT STEPHENSON ON 8/25/2016. THIS

AGREEMENT INCLUDES A NONRECOURSE LOAN TO MATT (THE BORROWER), ALL

**Part III Supplemental Information**

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

PARTIES EXPECT THAT ALL PAYMENTS UNDER THE LOAN WILL BE MADE IN FULL

INCLUDING INTEREST AT A CURRENT AFR OF 1.90%.



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No 1545-0047

**2019**  
**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization **ROGUE CREDIT UNION** Employer identification number **93-0491115**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MATT STEPHENSON	EXECUTIV	SPLIT DO		X	1,350,000.	1,437,880.		X	X		X	
<b>Total</b>						▶ \$	1,437,880.					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: MATT STEPHENSON

(B) RELATIONSHIP WITH ORGANIZATION: EXECUTIVE VICE PRESIDENT

(C) PURPOSE OF LOAN: SPLIT DOLLAR LIFE INSURANCE PLAN

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

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ROGUE CREDIT UNION

Employer identification number

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 2019, 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  
POSITIONS.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ROGUE CREDIT UNION	Employer identification number 93-0491115
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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 XII, LINE 2C

THE FINANCIAL STATEMENTS INCLUDE A 12 MONTH PERIOD CONSISTENT WITH THE

TAX RETURN.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

ROGUE CREDIT UNION

Employer identification number  
93-0491115

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ROGUE FEDERAL MEMBER FINANCIAL SERVICES LLC - 93-1261851, 1370 CENTER DRIVE, MEDFORD, OR 97501	INSURANCE & FINANCIAL ADVISORY SERVICES	OREGON	4,299.	1,357,943.	ROGUE CREDIT UNION

**Part II 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ROGUE CREDIT UNION FOUNDATION INC - 46-4522157, PO BOX 4550, MEDFORD, OR 97501	CHARITABLE GIVING TO LOCAL PROGRAMS	OREGON	501(C)(3)	LINE 7	ROGUE CREDIT UNION		X

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

Schedule R (Form 990) 2019

**Part III** 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			

**Part IV** 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)

- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes No	
					1a	1b
(1) ROGUE CREDIT UNION FOUNDATION INC		B	374,118.	CASH VALUE		X
(2)					X	
(3)						X
(4)						X
(5)						X
(6)						X

**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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign, country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	



