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Department of the

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

Open to Public Inspection

Interna	l Reve	enue Servic	е						
A F	or th	e 2021 (ning 01-01-2021 ,and ending 1	.2-31-202	1			
		applicable: change	C Name of organization STATE CHARTERED CREDIT UNIONS FLORIDA CENTRAL CREDIT UNION	IN FLORIDA			D Employe 59-0857		ication number
□ Na □ Ini		-	Doing business as FLORIDA CENTRAL CREDIT UNION				33-0037	730	
		rn/terminated d return	Number and street (or P.O. box if ma	ail is not delivered to street address) Roo	m/suite		E Telephon	e number	
□ Ар	plicati	ion pending					(813) 87	79-3333	
			City or town, state or province, coun TAMPA, FL 33609	try, and ZIP or foreign postal code			G Gross red	ceipts \$ 1	25,587,205
			F Name and address of principa	officer:	H(a) Is this a	group ret	urn for	
			LAIDA E GARCIA 3333 HENDERSON BLVD			subordi	nates?		□Yes ☑No
			TAMPA, FL 33609		H(b		subordinat	es	☐ Yes ☐No
I Ta	x-exe	mpt status	: ☐ 501(c)(3) ☑ 501(c)(14)	(insert no.) 4947(a)(1) or 5	527	included If "No."		ist. See i	instructions.
J W	ebsit	te:► W	ww.floridacentralcu.com	(l l	•	exemption		
K Forr	n of o	rganization	n: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other ►	L Year	r of formati	on: 1 991	M State	of legal domicile: FL
Pa	art I	Sun	nmary						
Governance		FLORÍDA MEMBERS	S WITH COMPETITIVELY PRICED, Q	most significant activities: BER OWNED COOPERATIVE DEDICATURE UALITY FINANCIAL SERVICES WHILE REGARDLESS OF SOCIO-ECONOMIC	IIATNIAM E				
20	,	Check th	his box $\blacktriangleright \Box$ if the organization dis	continued its operations or disposed	of more th	nan 25% c	of its net a:	ssets.	
				g body (Part VI, line 1a)				3	7
Activities &	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	6
¥	5	Total nu	mber of individuals employed in cal	endar year 2021 (Part V, line 2a) .				5	196
Act	6	Total nu	mber of volunteers (estimate if nec	essary)				6	9
	7a	Total un	related business revenue from Part	VIII, column (C), line 12				7a	40,948
	b	Net unre	elated business taxable income from	Form 990-T, Part I, line 11				7 b	0
						Prior	r Year		Current Year
Qi.	8	Contribu	itions and grants (Part VIII, line 1h)					0	0
Ravenue	9	Program	service revenue (Part VIII, line 2g)				17,450,9	55	15,947,777
λčŁ	10	Investm	ent income (Part VIII, column (A), li	nes 3, 4, and 7d)			2,959,8	327	3,568,939
_	11	Other re	venue (Part VIII, column (A), lines 5	5, 6d, 8c, 9c, 10c, and 11e)				0	0
	12	Total rev	venue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12	2)		20,410,7	782	19,516,716
	13	Grants a	and similar amounts paid (Part IX, c	olumn (A), lines 1–3)				0	0
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)				0	0
83	15	Salaries	, other compensation, employee be	nefits (Part IX, column (A), lines 5-1	.0)		8,796,7	'28	9,253,696
Expenses	16a	Professi	onal fundraising fees (Part IX, colun	nn (A), line 11e)				0	0
ch e	b	Total fund	draising expenses (Part IX, column (D), I	ine 25) ▶0	_				
Δi	17	Other ex	cpenses (Part IX, column (A), lines :	l1a-11d, 11f-24e)			11,950,2	249	10,442,308
	18	Total ex	penses. Add lines 13–17 (must equ	al Part IX, column (A), line 25)			20,746,9	77	19,696,004
	19	Revenue	e less expenses. Subtract line 18 fro	om line 12			-336,1	.95	-179,288
Net Assets or Fund Balances					Ве	eginning of	f Current Y	ear	End of Year
set alai	20	Total as:	sets (Part X, line 16)				573,102,2	269	620,353,009
t As	l		bilities (Part X, line 26)		.		534,875,2	_	585,711,519
şĒ	l		ets or fund balances. Subtract line 2	1 from line 20			38,226,9		34,641,490
Pa	rt II		nature Block						,
Under	pen	alties of	perjury, I declare that I have exami	ned this return, including accompan					
knowl any k			ef, it is true, correct, and complete.	Declaration of preparer (other than	officer) is	based on	all informa	ation of v	which preparer has
		11							
		****	** ture of officer			2022- Date	11-02		
Sign		Joigina	cure of officer			Date			
Here	:		A E GARCIA CEO/TREASURER OF THE BO or print name and title	ARD					
		V - ' · ·	<u> </u>	Proparor's signature	Data	1	T-	OTTN	
D-:	J		Print/Type preparer's name	Preparer's signature	Date	I	:	TIN 203021572	2
Paid		}	Firm's name DOEREN MAYHEW				mployed s EIN ► 38-:	2492570	
Pre		ei	Thin 3 haine P DOLKLIV PIATTLEW						
Use	Un	ııy [Firm's address ► 12060 S W 129TH COU	RT STE 201		Phone	e no. (305) 2	232-8272	
			MIAMI, FL 331864582						
May t	he IR	RS discus	s this return with the preparer show	n above? (see instructions)				▽ v	'es □No

Cat. No. 11282Y

Form **990** (2021)

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021)				Page 2
Pa	rt III Stater	ment of Program Service Acc	omplishments		
	Check it	f Schedule O contains a response or	note to any line in this Part III .		🗹
1	Briefly describe	e the organization's mission:			
СОМ	PETITIVELY PRIC		COOPERATIVE DEDICATED TO PRO WHILE MAINTAINING SERVICE IN A TATUS.		
2	Did the organiz	zation undertake any significant pro	gram services during the year which	were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Schedule	0.		
3	Did the organiz	zation cease conducting, or make sig	gnificant changes in how it conducts	, any program	
	services? .				🗌 Yes 🗹 No
	If "Yes," descri	be these changes on Schedule O.			
4	Section 501(c)		plishments for each of its three larg required to report the amount of gr ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Da	ata			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedule O.) including (grants of \$) (Revenue \$)
4e	Total progran	n service expenses ▶			

Form 990 (2021)							
Par	Checklist of Required Schedules						
			Yes	No			
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		No			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4					
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No			
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.						
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes				
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b		No			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏	11f	Yes				
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes				
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No			
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No			

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

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

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

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

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

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

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

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2021)

16

17

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20a

20b

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orm	990 (2021)			Page 4
Pai	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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		
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	25b		
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 entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	35b	Yes	
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	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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10,611 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

Ollin	990 (2021)			Page 6
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	V
Se	ection 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 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1 4 6 1		
		10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			No
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10b 11a 12a 12b 12c		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	10b 11a 12a 12b		No
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	10b 11a 12a 12b 12c	Yes	No No
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes	No No
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	10b 11a 12a 12b 12c 13	Yes	No No
b 111a b 112a c 113 114 115 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10b 11a 12a 12b 12c 13 14		No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes	No No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 111a b 112a c c 113 114 115 a b 116a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 11a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes." to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed controlled.	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 111a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed control to 104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) av	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 111a b 12a b c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No
b 111a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed control to 104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) av	10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No

Part VII

(17) RONALD MCFARLAND

RESIDENTIAL LENDING MANAGER

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII $\,$. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

or reportable compensation from the organization	n and any relate	ed orga	nızatı	ons.	•					
• List all of the organization's former directo organization, more than \$10,000 of reportable co See the instructions for the order in which to list	ompensation fro	m the								
			ion c	0 00 0		-td -		current officer dire	etar artructas	
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o no e bot) t ch οx, ι h an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) LAIDA E GARCIA	40.00			,,				276 427		07.674
CEO/BOARD TREASURER		X		X				376,427	0	97,671
(2) WILLIAM MIGNONE DIRECTOR	1.00	х						1,502	0	0
(3) MARGARET SPURRIER CHAIRPERSON	1.00	х						0	0	0
(4) STEPHEN SHEAR DIRECTOR	1.00	х						1,360	0	0
(5) STEVIE OSERLAND VICE CHAIRMAN	1.00	х						0	0	0
(6) DAVID STEFFEN	1.00							. 700		
DIRECTOR		Х						1,700	0	0
(7) KENNETH H SPENCE SECRETARY	1.00	х						1,832	0	0
(8) JULIE FLATT EVP/COO	40.00			×				199,200	0	18,615
(9) SHARON HILL CFO	40.00			x				196,695	0	29,881
(10) CRAIG BURKHARD CHEIF CREDIT OFFICER	40.00			х				147,070	0	27,388
(11) MITCHELL SCOTT NEWBERGER COO	40.00			х				114,832	0	20,759
(12) JOSEPH MATTA	40.00				×			164,984	0	14.642
CONTOLLER					^			104,964	0	14,642
(13) PATRICIA WADDELL IT MANAGER	40.00					х		126,728	0	49,112
(14) THOMAS CHESTNUTT DIRECTOR OF SALES	40.00					х		125,199	0	48,525
(15) BRIAN ROBINSON SVP/CMO	40.00					х		129,296	0	67,645
(16) CARLA GANT VP HUMAN	40.00					х		111,881	0	45,106

40.00

29,225

0

227,887

Form 990 (2021)														Page 8
Part VII Section A. Officers, Direct	ors, Trustees	, Key ا	Empl	lοyε	es,	, and	Higl	nest Co	mpens	ate	d Employees (cont	inued)	
(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	unles fficer trust	neck mo ess pers er and a etee)	son	Repo compe from organ	pensation cor om the fro anization org		(E) Reportable compensation from related organizations (W-2/1099-		Estima amount o compen from organizat	ated of other sation the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		C/1099-NEC)) MISC/1099-NEC		relat organiza	ed
			<u> </u>		\perp									
					<u> </u>									
			<u> </u>			<u> </u>								
			<u> </u>		\vdash									
1b Sub-Total			 	<u></u>	<u>.</u>	 	<u>Ш</u> —		,926,593			0		448,569
Total number of individuals (including of reportable compensation from the compensation)	but not limited	to those			ıbov		rec			\$10		<u>~I</u>		110/222
3 Did the organization list any former of line 1a? If "Yes," complete Schedule J	,		:ee, k	ey e	 mpl	oyee,	or hi	ighest co	mpensat	ted •	employee on	3	Yes	No No
4 For any individual listed on line 1a, is organization and related organizations individual											the	4	Yes	110
5 Did any person listed on line 1a receiv services rendered to the organization?									ition or i	ndi\ •	vidual for	5	, 55	No
Section B. Independent Contracto		11		-				-:	· 41		++00 000			
Complete this table for your five higher from the organization. Report compen												npen	Sation	
Name a	(A) nd business addre	ess							D	escr	(B) iption of services		(C Comper	
JO DELOTTO & SONS		-							CONTRA					828,691
924 EAST BUSCH BLVD TAMPA, FL 33612 FISERV INC									CORE SY	'STE	M			369,629
PO BOX 934057 ATLANTA, GA 311934057														
KASASA LTD PO BOX 527 LUBBOCK, TX 79408									CHECKIN	NG A	CCTS			330,880
CONNECT FINANCIAL					-				НОМЕВА	NKII	NG			290,156
PO BOX 923 SANDY, UT 84091 PEOPLE 20 GLOBAL LP									TEMP EM	I PLO	YMENT			277,513
PO BOX 536853 ATLANTA, GA 303536853														- ,

		(2021)								Page 9
Part	VII						line in this Part VIII			
		CHECK II SCHEU	uie	O COITCAINS A	respo	inse of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ons, Gifts, Grants Similar Amounts	b c d	Federated campaig Membership dues Fundraising events Related organization Government grants (or All other contributions	ons contr	. 1 . 1 ibutions) 1 ts, grants,	a b c d e l					
Contributions, and Other Sim		and similar amounts above Noncash contributionslines 1a - 1f:\$ Total. Add lines 1a	s incl	uded in	f g	•				
	3-	INTEREST ON LOANS				Business Code	10,418,110	10,418,110		
an		-				522100	5,488,719	5,488,719		
even	b	FEES/CHARGES/OTHI	ER			522100		3,400,719		
Program Service Revenue	c	FINANCE & INSURAN	CE			520000	40,948		40,948	
S	C									
ogra	e	•								
Δ	f	All other program	serv	rice revenue.						
	g	Total. Add lines 2	2a-2	f	>	15,947,777	I			
		Investment income similar amounts)			nds, ii •	nterest, and other	4,235,60	4,235,600		
	4	Income from invest	mer	nt of tax-exem	pt bo	ond proceeds	•			
	5	Royalties	·	(i) Real	•	(ii) Personal	• 			
	_		_	(i) iteal		(II) Tersonal	1			
	6a b	Gross rents Less: rental	6a				_			
		expenses	6b							
	C	Rental income or (loss)	6с							
	١ ،	d Net rental income	or							
	7 <i>a</i>	Gross amount from sales of assets other	7a	(i) Securiti		(ii) Other				
	b	than inventory Less: cost or other basis and sales expenses	7b	106,07	'0,489					
		Gain or (loss)	7c		6,661		<u> </u>			
e n	I	d Net gain or (loss) Gross income from fu (not including \$	ındra	ising events of		• • • •	-666,66	1 -666,661		
Other Revenue		contributions reported See Part IV, line 18 Less: direct expen	٠		8a 8b		_			
ther	١ ،	Net income or (los	s) fr	rom fundraisir	g eve	ents 🕨	-			
0		Gross income from See Part IV, line 19 Less: direct expen	٠		9a 9b					
		Det income or (los				es •				
	10	aGross sales of inve returns and allowa	ento ance:	ry, less s	10a					
	ŀ	Less: cost of good	s so	ld	10b					
	<u> </u>	Net income or (los Miscellaneo			ovent 	ory ► Business Code				
	Miscellaneous Revenue					Business code				
	ŀ	·								
	(
		All other revenue								
		Total. Add lines 1				•				
	12	2 Total revenue. S	ee ir	nstructions .	•	• • • •	19,516,71	19,475,768	40,948	0 Form 000 (2021)

Form 990 (2021) Page 10 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 (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 1,414,558 Compensation of current officers, directors, trustees, and key employees . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 5,390,061 **7** Other salaries and wages 1,068,269 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 886,890 **9** Other employee benefits . 493,918 **10** Payroll taxes . . . 11 Fees for services (non-employees): a Management 37,872 30,733 **b** Legal 90,968 c Accounting 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 209.235 (A) amount, list line 11g expenses on Schedule O) 604,670 **12** Advertising and promotion . . . 13 Office expenses . . 1,021,962 148,172 14 Information technology . 15 Royalties . 764.261 16 Occupancy . 59,918 Payments of travel or entertainment expenses for any federal, state, or local public officials 8.939 19 Conferences, conventions, and meetings 1,541,163 20 Interest 21 Payments to affiliates . . . 808,128 22 Depreciation, depletion, and amortization . 169,650 23 Insurance . 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.) 1,815,482 a SHARE/DEBIT/CREDIT CARD **b** MAINTENANCE AND REPAIRS 1,512,054 c CREDIT AND COLLECTION E 667,734 d ATM EXPENSE 480,249 e All other expenses 471,118 19,696,004 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2021)

Assets

30

31

32

33

End of year

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

1	Cash-non-interest-bearing	3,023,144	1	3,297,6
2	Savings and temporary cash investments	75,783,917	2	90,816,3
3	Pledges and grants receivable, net		3	
А	A secondary respicable to the	E7E E01		16 E

Beginning of year

0

38,226,976

38,226,976

573,102,269

30

31

32

33

0

34.641.490

34,641,490

620,353,009

Form 990 (2021)

Accounts receivable, net 575,581 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 319.872.523 Notes and loans receivable, net . . . 7 Inventories for sale or use . .

315.310.043 Assets Prepaid expenses and deferred charges . 8,675,235 9 10,820,547 10a Land, buildings, and equipment: cost or other 10a 29.613.762 basis. Complete Part VI of Schedule D

10b 7,853,673 21,005,936 10c b Less: accumulated depreciation 11 Investments—publicly traded securities . 123,401,910 11 1,259,990 12 Investments—other securities. See Part IV, line 11 . 12 13 13 Investments—program-related. See Part IV, line 11

21,760,089 153,703,637 1,389,961 14 14 Intangible assets . 19,504,033 15 23,208,256 15 Other assets. See Part IV, line 11 . . . 573,102,269 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses 3,665,711 17

620,353,009 3,923,391 18 18 Grants payable . 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 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 24 Unsecured notes and loans payable to unrelated third parties 531,209,582 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24).

581,788,128 Complete Part X of Schedule D 534.875.293 585.711.519 26 Total liabilities. Add lines 17 through 25 . . 26 Organizations that follow FASB ASC 958, check here <a> <a> and complete lines 27, 28, 32, and 33.

27 27 Net assets without donor restrictions 28 28 Net assets with donor restrictions

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

complete lines 29 through 33. ō 29 0 29 0 Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

,	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,941,984
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	34,641,490
Pa	TXII Financial Statements and Reporting		

10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10	34	641,490
Part	t XII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII	 	✓
		 Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2b

2c

3a

3h

Yes

Yes

No

Form 990 (2021)

2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Nο

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

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?

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

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

✓ Consolidated basis

separate basis, consolidated basis, or both:

Separate basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

Additional Data

Software Version:

FLORIDA CENTRAL CREDIT UNION

Form 990 (2021)

Software ID:

EIN: 59-0857430

Name: STATE CHARTERED CREDIT UNIONS IN FLORIDA

Form 990, Part III, Line 4a:

INCOME FROM THE CREDIT UNION MEMBERSHIP AND FROM THE INVESTMENT OF MEMBERS' FUNDS PROVIDE THE FOUNDATION FROM WHICH THE ORGANIZATION CAN FUNCTION AND PROVIDE SERVICES TO ITS RESTRICTED MEMBERSHIP.

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

As Filed Data -

DLN: 93493306027972

OMB No. 1545-0047

Supplemental Financial Statements

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

(Form 990)

Inter	nal Revenue Service	► Go to <u>w</u>	ww.irs.gov/Form9	<u>90</u> for instructi	ions a	nd the latest info	rmatic	on.	In	spection
	ame of the organ	nization EDIT UNIONS IN FLORIDA					Emp	oloyer id	lentification	number
	ORIDA CENTRAL CREI						59-0	0857430		
P		zations Maintain					or Acc	ounts.		
	Comple	ete if the organizati	on answered "Yes" I			IV, line 6. sed funds	Ι	(b) Eup	ds and other	accounts
1	Total number at	end of year	<u> </u>	(a) Done	Ji auvi	seu iulius		(b) rund	15 and other	accounts
2		of contributions to (c	⊢							
3		of grants from (durir	- · · ·							
4		at end of year	- · · · · —							
5	Did the organization's p	ation inform all donor property, subject to th	s and donor advisors e organization's exclu	in writing that t usive legal contr	he ass ol? . .	ets held in donor ac	dvised :	funds are		Yes 🗌 No
6	charitable purpo	ation inform all grante oses and not for the b	enefit of the donor or	donor advisor,	or for	any other purpose			rmissible] Yes □ No
Pa		rvation Easement te if the organizati		on Form 990,	Part	IV, line 7.				
1		onservation easement								
	☐ Preservation	on of land for public u	ıse (e.g., recreation o	r education)		Preservation of ar	histor	ically imp	oortant land a	area
	☐ Protection	of natural habitat				Preservation of a	certifie	d historic	structure	
	☐ Preservation	on of open space								
2	Complete lines	2a through 2d if the one last day of the tax v		alified conserva	tion co	entribution in the fo	rm of a		ation	of the Vear
а	-	conservation easeme					2a	Tield .	at the Line t	Ji the real
b	Total acreage re	estricted by conservat	ion easements				2b			
С	Number of conse	ervation easements o	n a certified historic s	tructure include	d in (a	n)	2c			
d		ervation easements ir in the National Regist		d after 7/25/06,	and n	ot on a historic	2d			
3	Number of cons tax year ►	servation easements r	nodified, transferred, –	released, exting	juished	d, or terminated by	the or	ganizatio	n during the	
4	Number of state	es where property sub	ject to conservation	easement is loca	ted 🕨					
5		ization have a written nt of the conservation					of viola	ations,	☐ Yes	□ No
6	Staff and volunt	teer hours devoted to	monitoring, inspectir	ng, handling of v	iolatio	ns, and enforcing c	onserv	ation eas	ements durir	ng the year
7	Amount of expe ▶ \$	enses incurred in mon	itoring, inspecting, ha	andling of violati	ons, a	nd enforcing conser	vation	easemen	nts during the	e year
8		ervation easement re 0(h)(4)(B)(ii)?					.70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organi and include, if applica n's accounting for con	ble, the text of the fo	otnote to the or						
Pa	rt IIII Organi	izations Maintain ete if the organizati	ing Collections of	Art, Historic			ner Si	milar A	ssets.	
1 a	If the organizati	ion elected, as permitures, or other similar at the footnote to	ted under FASB ASC assets held for public	958, not to repo exhibition, educ	rt in it ation,	s revenue stateme or research in furth				
b	historical treasu	ion elected, as permitures, or other similar and these in	assets held for public							
	(i) Revenue includ	ded on Form 990, Par	t VIII, line 1					▶ \$		
((ii)Assets included	l in Form 990, Part X						. > \$		
2	If the organizati	ion received or held v nts required to be rep	orks of art, historical	treasures, or of	her si	milar assets for fina		_	ide the	
а	Revenue include	ed on Form 990, Part	VIII, line 1					. ▶\$		

Sche	edule D (Form 990) 2021						Page 2
Par	t III Organizations Maintaining	Collections of Art, His	torical T	reasures,	or Other Simi	lar Assets (cor	ntinued)
3	Using the organization's acquisition, acceitems (check all that apply):	ession, and other records, ch	eck any of	the followin	g that are a signi	ficant use of its co	ollection
а	Public exhibition		d 🗆	Loan or ex	change programs		
b	Scholarly research		e 🗌	Other			
c	Preservation for future generation:	S					
4	Provide a description of the organization Part XIII.	's collections and explain how	they furt	her the orga	nization's exempt	: purpose in	
5	During the year, did the organization sol assets to be sold to raise funds rather th					☐ Yes	□ No
Pai	rt IV Escrow and Custodial Arra Complete if the organization X, line 21.		990, Par	IV, line 9,	or reported an	amount on For	rm 990, Part
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?					· · □ Yes	□ No
b	If "Yes," explain the arrangement in Par	t XIII and complete the follow	vina tahla			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				l account liability		 □ No
							□ NO
	If "Yes," explain the arrangement in Part If V Endowment Funds.	: XIII. Check here if the expla	ination na	s been provi	ded in Part XIII	· · · · · · · · · · · · · · · · · · ·	
-(-	Complete if the organization	answered "Yes" on Form	990, Pari	: IV, line 10).		
		(a) Current year	b) Prior ye	ar (c) Tw	o years back (d) T	hree years back (e) Four years back
1 a	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losse	S					
	Grants or scholarships						
е	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 (lir	ie 1g, colu	ımn (a)) held	das:		
а	Board designated or quasi-endowment	•					
b	Permanent endowment						
C	Term endowment ►						
_	The percentages on lines 2a, 2b, and 2c						
3a	Are there endowment funds not in the poorganization by:	ossession of the organization	that are i	ield and adm	inistered for the		Yes No
	(i) Unrelated organizations					3a(i	
	(ii) Related organizations					3a(i	i)
b	If "Yes" on 3a(ii), are the related organiz	ations listed as required on s	Schedule F	₹?		3b	
4	Describe in Part XIII the intended uses o		ent funds.				
Pa	rt VI Land, Buildings, and Equip		000 0~	- T\/ ;14	2 Coo Form 00	OO Bart V line	10
		or other basis estment) (b) Cost or other			.a. See Form 99 Accumulated depreci		Book value
1 >	Land		6.7	76,526			6,776,526
	- · · · ·		•	36,640	2 66	58,839	13,367,801
	Leasehold improvements		· · · · · · · · · · · · · · · · · · ·	45,517		50,497	95,020
	Fauinment			55.079		34.337	1.520.742

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

21,760,089

Part VII	Investments - Other Securities.	Dowt TV	line 11h Cos Farra 200	Dart V line 12
	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)	(c) Meth	od of valuation:
	(including name of security)	Book value	Cost or end-c	of-year market value
	al derivatives			
(2) Closely- (3)Other	held equity interests			
(A)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(H)				
	nn (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: or end-of-year market value
(1)			Cost	or chu-or-year market value
(2)				
(3)				
(4)				
(5)				
(6) 				
(7)				
(8)				
(9)				
(10)				
Total. (Colum	on (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 I	ine 11d See Form 990 Pa	art X line 15
	(a) Description	1 410 1071	110 110 500 FORM 330, FO	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	(1)			
Part X	umn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. ▶
	Complete if the organization answered 'Yes' on Form 990,	Part IV, I	ine 11e or 11f.See Form	n 990, Part X, line 25. (b) Book
1. (1) Federal	(a) Description of liability income taxes			value
(2) REGULA				213,231,469
(3) CHRISTI				356,411
(4) TIME DE	POSITS NG ACCOUNTS			55,488,268 50,921,028
	TE CHECKING			171,612,964
(7) IRA ACC				11,270,940
(8) IRA CER (9) MONEY I				9,681,478 69,225,570
(9) MONETT	· · · · · · · ·			35,,5,0
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			▶ 581,788,128
2 1:-1:10 0	an unaportain tax magiticus. In Daut VIII, musuida the taxt of the factor			annanta that wananta tha awaani-atiania i

Schedule D (Form 990) 2021

Page 4

	Complete if the organi	zation answered 'Yes' on Form 990, Part	: IV, li	ne 12a.		<u></u>
1	Total revenue, gains, and other su	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on in	nvestments	2a			
b	Donated services and use of facility	ties	2b			
c	Recoveries of prior year grants .		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1:				
а	Investment expenses not included	on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) $\ .$		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem		• •	Retur	n
1	•	zation answered 'Yes' on Form 990, Part dited financial statements			1	
2	Amounts included on line 1 but no				<u> </u>	
a	Donated services and use of facility	, ,	2a	I		
b	Prior year adjustments		2b		1	
c	Other losses		2c		1	
d	Other (Describe in Part XIII.)		2d		-	
e	Add lines 2a through 2d		Zu		2e	
3	Subtract line 2e from line 1		•		3	
4	Amounts included on Form 990, P				<u> </u>	
a	· ·	on Form 990, Part VIII, line 7b	4a	1		
b	Other (Describe in Part XIII.)	, , , , , , , , , , , , , , , , , , ,	4b		1	
c	Add lines 4a and 4b				4 _C	
5		c. (This must equal Form 990, Part I, line 18.			5	
	t XIII Supplemental Info		<i>,</i> .			
	• • •	art II, lines 3, 5, and 9; Part III, lines 1a and	4· Parl	- IV lines 1h and 2h: Part	· V line	4: Part Y line 2: Part
		2d and 4b. Also complete this part to provide			, , , ,,,,	- 17 Fare X, line 27 Fare
	Return Reference		Ex	olanation		
See A	Additional Data Table					

Page 5		chedule D (Form 990) 2020		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2021

Additional Data

TIME DEPOSITS

IRA ACCOUNTS

IRA CERTIFICATES

MONEY MARKET

CHECKING ACCOUNTS

ULTIMATE CHECKING

Software Version: EIN: 59-0857430

Software ID:

Name: STATE CHARTERED CREDIT UNIONS IN FLORIDA FLORIDA CENTRAL CREDIT UNION

Form 990, Schedule D, Part X, - Other Liabilities (a) Description of Liability 1.

REGULAR SHARES		
CHRISTMAS CLUB		

50,921,028

(b) Book Value

171,612,964

11,270,940

213,231,469

356,411

55,488,268

9,681,478

69,225,570

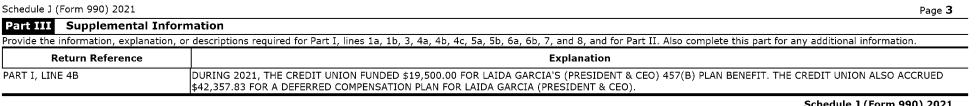
Supplemental Information		_
Return Reference	Explanation	
PART X, LINE 2:	THE CREDIT UNION IS EXEMPT FROM MOST FEDERAL, STATE AND LOCAL INCOME TAXES UNDER THE PROVI SIONS OF THE INTERNAL REVENUE CODE (IRC) AND STATE TAX LAWS. HOWEVER, IRC SECTION 511 IMPO SES A TAX ON THE UNRELATED BUSINESS INCOME DERIVED BY STATE-CHARTERED CREDIT UNIONS. GENER ALLY, THESE TAXES ARE INSIGNIFICANT TO THE CREDIT UNION.	

Constant and add to Constant to a

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493306027972 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2021 **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 for instructions and the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** STATE CHARTERED CREDIT UNIONS IN FLORIDA FLORIDA CENTRAL CREDIT UNION 59-0857430 **Questions Regarding Compensation** Yes No Check the appropiate 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 **1**b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? . . . 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? . Any related organization? If "Yes," on line 5a or 5b, describe in Part III. 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: The organization? 6a Any related organization? If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accured 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 . If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 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

For each individual whose compensation must be reported on Schedule J, repoinstructions, on row (ii). Do not list any individuals that are not listed on Form Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the	990	, Part VII.					vidual.
(A) Name and Title		(B) Breakdow	n of W-2, 1099-MI: and/or 1099-NE((ii) Bonus & incentive	SC compensation, C (iii) Other reportable	(C) Retirement and other deferred compensation		(F) Compensation in column (B) reported as deferred on prior
See Additional Data Table			compensation	compensation			Form 990
-							
-							



Additional Data

IT MANAGER

7CRAIG BURKHARD

CHEIF CREDIT OFFICER

8THOMAS CHESTNUTT

DIRECTOR OF SALES

9CARLA GANT

VP HUMAN

(ii)

(i)

(ii)

(i)

(ii)

(i)

147,070

103,324

111,881

21,875

Software ID: **Software Version: EIN:** 59-0857430 Name: STATE CHARTERED CREDIT UNIONS IN FLORIDA FLORIDA CENTRAL CREDIT UNION Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) Name and Title (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Other reportable Bonus & incentive prior Form 990 compensation compensation 1LAIDA E GARCIA (i) 376,427 84,339 13,332 474,098 CEO/BOARD TREASURER 1RONALD MCFARLAND (i) 54,687 173,200 20,957 8,268 257,112 RESIDENTIAL LENDING MANAGER 2SHARON HILL 196,695 18,332 11,549 226,576 CFO 3JULIE FLATT 199,200 11,818 6,797 217,815 EVP/COO 4BRIAN ROBINSON 129,296 48,908 18,737 196,941 SVP/CMO **5**JOSEPH MATTA 142,484 22,500 8,439 6,203 179,626 CONTOLLER 6PATRICIA WADDELL (i) 126.728 37,595 11,517 175,840

14,140

48,317

32,945

13,248

12,161

208

174,458

173,724

156,987

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493306027972			
SCHEDUL (Form 990) Department of the T Internal Revenue Se	Complete to provide information for responses to Form 990 or 990-EZ or to provide any additional reasury Attach to Form 990 or 990	to specific questions on tional informationEZ. Open to Public			
Name of the org STATE CHARTERED FLORIDA CENTRAL	Employer identification number 59-0857430				
990 Schedul	e O, Supplemental Information Explanation	•			
Reference	'				
FORM 990, PART VI, SECTION A, LINE 6					

Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 7A

THE ORGANIZATION IS MEMBER OWNED. A CREDIT UNION IS LED BY A BOARD OF DIRECTORS (ALL OF WHOM MUST BE MEMBERS THEMSELVES), WHICH IS ELECTED BY THE CREDIT UNION MEMBERSHIP. EACH MEMBERSHIP.

Return Explanation

FORM 990, PART VI, SECTION A, SENTS THE MEMBERS OF THE GOVERNING BODY. DECISIONS ARE MADE BY THE GOVERNING BODY WHO REPRESECTION A, SENTS THE MEMBERSHIP OF THE CREDIT UNION.

Return Explanation
Reference

FORM 990, PART VI, EDIT UNION ALONG WITH THE CFO REVIEW THE RETURN AND MAKE THE NECESSARY CORRECTIONS. THE RESECTION B, TURN IS FILED WHEN COMPLETED.

Return Explanation

FORM 990, A PERFORMANCE EVALUATION FORM IS COMPLETED BY THE BOARD ANNUALLY FOR THE CEO. THE CEO'S SA LARY IS ALSO DETERMINED BY THE BOARD. FOR OTHER OFFICERS OR KEY EMPLOYEES, AN EVALUATION I SECTION B, S PERFORMED ANNUALLY BY THE CEO. JOB GRADES AND COMPENSATION RANGES FOR EACH GRADE ARE EST ABLISHED BY A THIRD-PARTY COMPENSATION FORM: KOGER, GOODWIN AND ASSOCIATES.

Return Explanation
Reference

FORM 990,	THE CREDIT UNION'S GOVERNING DOCUMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UN
PART VI,	ION'S CONFLICT OF INTEREST POLICY IS NOT MADE AVAILABLE TO THE PUBLIC. THE CREDIT UNION'S
SECTION C,	FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC VIEWING ON THE NCUA.GOV WEBSITE VIA THE QUAR
LINE 19	TERLY 5300 FILING.

Return Explanation

FORM 990,	HOME BANKING 314,455. ASSOCIATION DUES 79,354. MISCELLANEOUS EXPENSE 66,445. EDUCATION AND
PART IX,	PROMOTION 40,924. OTHER LOSSES 19,485. PROVISION FOR LOAN LOSSES -49,545.
LINE 24E	

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XI, LINE 9:

Return Explanation

Kelefellee	
FORM 990,	THERE WERE NO CHANGES IN THE PROCESS OF THE COMMITTEE THAT ASSUMES RESPONSIBILITY OF THE O
PART XII,	VERSIGHT OF THE AUDIT AND SELECTION OF THE INDEPENDENT AUDITOR.
LINE 2C	

SCHEDULE R
(Form 990)

Related

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

Department of the Treasury

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 <u>www.irs.gov/Form990</u> for instructions and the latest information. 2021

Schedule R (Form 990) 2021

DLN: 93493306027972OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** STATE CHARTERED CREDIT UNIONS IN FLORIDA FLORIDA CENTRAL CREDIT UNION 59-0857430 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity 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. (d) (b) (c) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) (if section 501(c)(3)) or foreign country) entity (13) controlled entity? Yes No

Cat. No. 50135Y

(a)	· i	(b)	(0)	(4)	(0)	/f)	[(a) [/ L	. 1	(i)	1 /:	:\	T 71	٠١
(a) Name, address, and EIN of related organization		(b) Primary activity	ry Legal	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k Percer owne	ntage
					,			Yes	No		Yes	No		
													_	
													1	
Part IV Identification of Related Organ because it had one or more related								answered	"Yes"	on Form 990	, Part IV	, line 3	1	_
(a) Name, address, and EIN of related organization	Primar	(b) y activity		(c) Legal domicile te or foreign	(d Direct co ent	ntrolling T	(e) ype of entity corp, S corp, or trust)	(f) Share of t income		(g) hare of end-of- year assets	(h) Percen owner	tage	(i) Section (13) cor entit	512(b) ntrolled ity?
(4)MEMBER CERVICES CORROBATION	CDEDITUM	ON CURRORT	country)		FLORIDA	-		757,875		923,092	100,000,0/		Yes Yes	No
PO BOX 18605 FAMPA, FL 336798605 59-2678556	FL 336798605		Γ FL		CENTRAL UNION	CREDIT		/5/	,875	923,092	100.000 %		res	
						1								1

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Part V Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	art IV, line 34, 35	b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	d organizations listed ir	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1 b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1 g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this I	ine, including covered r	relationships and tra	ansaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount involve	d
(1)MEMBER SERVICE CORPORATION INC	N	44,700	ACTUAL		
			1		

0	Sharing of paid employees with related organization(s)				10	Yes	<u> </u>			
р	p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses				1 q		No			
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1 s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	e, including covered r	elationships and tra	nsaction thresholds.	·					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount in	volvec	J			
(1)MEMBER SERVICE CORPORATION INC			44,700	ACTUAL						
(2) ME	MBER SERVICE CORPORATION INC	0	18,311	ACTUAL						
							,			
l ———		†								

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.

was not a related organization. See instructions regarding				erships.											
(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)	section 501(c)(3) organizations?		organizations:		(f) Share of total income	(g) Share of end-of-year assets			(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			
													_		
	•	•	•			•				Sch	edule R (Form 99	90) 2021		

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Part VII	Supplemental Info	ation							
Provide additional information for responses to questions on Schedule R. See instructions.									
Return Reference		Explanation							