DLN: 93493275012270

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

2019

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

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

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

	- + b	- 2010 a	alandar vaar ar tav vaar bagin	ning 01 01 2010 and anding 12 3	21 2010					
			C Name of organization	ning 01-01-2019 , and ending 12-3	31-2019		D Employ	er ident	ification number	
		pplicable: change	GUARDIAN CREDIT UNION							
☐ Name change ☐ Initial return					63-0421006					
			Doing business as							
		n/terminated d return	Number and street (or B.O. boy if m	ail is not delivered to street address) Room/si	uito		E Telephoi	ne numbe	er	
		on pending	418 MADISON AVENUE	an is not delivered to street address) Roomysi	uite		(334) 2	244-999	9	
		,	City or town, state or province, cou	ntry, and ZIP or foreign postal code			(331) 2			
			MONTGOMERY, AL 36104	,,			G Gross re	eceipts \$	45,079,483	
			F Name and address of principa	l officer:	H(a)	Is this a	group re			
			HEATH HARRELL		"(")	subordi		tuili loi	□ _{Yes} ☑	No.
			418 MADISON AVENUE MONTGOMERY, AL 36104		Н(b)		ubordina	tes	☐ Yes ☐	
[Ta:	k-exer	npt status:		(insert no.) 4947(a)(1) or 527		included		l:-+ /		10
	- 174	14/14	501(c)(3) 501(c) (14)	(Insert no.)			attacn a xemption	•	e instructions)	
, vv	ebsit	:e:▶ ww	/W.MYGUARDIANCU.COM		"(")	Group e	xemption	Hullibe		
V Earr	o of o	rannization	Corporation Trust Asso	ciation 🗸 Other 🖢	L Year o	of formation	on: 1958	M State	e of legal domicile:	AL
			EDIT UNION	clation 🖸 Other 🕨						
Pa	ırt I	Sum	mary		1					
			scribe the organization's mission o							
(1)	I		TIVE SOCIETY INCORPORATED FO OF CREDIT FOR THEM AT LEGITIM.	R THE TWO-FOLD PURPOSE OF PROMOT ATE RATES OF INTEREST	TING THR	RIFT AMO	NG ITS N	4EMBER	S AND CREATIN	3 A
ဋိ	-	JOUNCE C	TOREDIT FOR INCIPATION	THE TOTAL STATE OF ST						_
Ē	-									
Activities & Governance	-									
5				continued its operations or disposed of ring body (Part VI, line 1a)			f its net a	assets. 3		8
න් ග	l		•	the governing body (Part VI, line 1b)				4		
ě	l		,	lendar year 2019 (Part V, line 2a)				5		264
<u> </u>	l		, ,	cessary)				6		11
Ac	l		•	VIII, column (C), line 12		• •	•	7a		,287
	l			n Form 990-T, line 39				7 b		,267
		Net unie	ated business taxable income nor	11 rollil 990-1, lille 39	' ' '		Year	1/5	Current Year	
		Contribut	ions and grants (Bort VIII line 1h)			PIIOI	i eai	0	Current rear	—
ğ	l		• • • • • • • • • • • • • • • • • • • •				25.056		20.62	1 400
Rəvenue	l	_	· · · · · · ·	: 2 4 and 7d)			25,056,	28,634		
æ	l		ent income (Part VIII, column (A), l	•			1,106,		1,127	
	l		renue (Part VIII, column (A), lines	•			14,615, 40,778,		45,079	
			nd similar amounts paid (Part IX, o	st equal Part VIII, column (A), line 12)			45,			L,000
	l						45,	0		.,00
	l		paid to or for members (Part IX, co	nefits (Part IX, column (A), lines 5–10)			12 205	-	15 201	- 6 = 1
Ses	l		, , ,	, , , , , , , , , , , , , , , , , , , ,			13,205,	038	15,38	,051
ફ્રે	Ι.		nal fundraising fees (Part IX, colu					- U		
Expenses	l		raising expenses (Part IX, column (D), penses (Part IX, column (A), lines				21 202	910	24,859	779
	l		, , , , , , , , , , , , , , , , , , , ,	•			21,203,			
	l	•	enses. Add lines 13-17 (must equ	* * * * * * * * * * * * * * * * * * * *			34,453,		40,276	_
	19	Revenue	less expenses. Subtract line 18 fr	om line 12	Pogi	inning of	6,324,		4,803 End of Year	,05
Net Assets or Fund Balances					Degi	iiig oi	Current \	- Cal	Liid Oi Tear	
25.00 25.00	20	Total ass	ets (Part X, line 16)				486,969,	411	574,064	,76
Ž Z	21	Total liab	ilities (Part X, line 26)				439,968,	232	522,250	,86
ŠĒ	22	Net asset	s or fund balances. Subtract line	21 from line 20			47,001,	179	51,813	3,90
Pa	rt II	Sign	ature Block							
				ined this return, including accompanying						
knowi any k			r, it is true, correct, and complete	. Declaration of preparer (other than offi	icer) is ba	ased on	ali inform	ation of	wnich preparer	าลร
		T.								
		*****	* ure of officer			2020- Date	09-29			—
Sign		Josephan	are or officer			Dute				
Here	:		HARRELL PRESIDENT/CEO r print name and title							
		17		Dropovov's ciamatum	Dat-			DTIN		
n - •			rint/Type preparer's name		Date 2020-09-2	-	☐ if	PTIN P015779:	24	
Paid		-	irm's name WARREN AVERETT LLC				nployed EIN ► 45	-4084427	,	
	oare	71	MAINTEN AVENETI LEC	·						
Use	On	ıly 🕞	irm's address ▶ 316 SOUTH BAYLEN ST	SUITE 300		Phone	no. (850)	435-7400	0	
			PENSACOLA, FL 3250	2						
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions)				✓	Yes 🗌 No	

Form	990 (2019)				Page 2
Pa	rt III Statem	ent of Program Service Acc	omplishments		
	Check if	Schedule O contains a response or	note to any line in this Part III		🗹
1	Briefly describe	the organization's mission:			
		Y INCORPORATED FOR THE TWO-F AT LEGITIMATE RATES OF INTERE	OLD PURPOSE OF PROMOTING THR ST.	IFT AMONG ITS MEMBERS AND (CREATING A SOURCE
2	Did the organiza	tion undertake any significant prog	gram services during the year which	were not listed on	
	the prior Form 9	90 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Schedule (D.		
3	Did the organiza	tion cease conducting, or make sig	nificant changes in how it conducts,	any program	
		e these changes on Schedule O.			☐ Yes 🗹 No
4	Describe the org Section 501(c)(3	janization's program service accom	plishments for each of its three large required to report the amount of gra ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat			, ,	,
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program s	services (Describe in Schedule O.) including g	rants of \$	(Revenue \$)
4e	Total program	service expenses ▶			

Form	990 (2019)			Page 3
Par	t IV 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? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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
	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 2	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	Yes	
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		No
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? . . .

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?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

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

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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

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

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

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

14a Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

14b

15

16

17

18

19

20a

20b

21

Yes

Form **990** (2019)

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Part	Checklist of Required Schedules (continued)			
	Diddle and the second and the AF 600 of an area of the second and		Yes	No
	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	Yes	
	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	23	Yes	
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
3	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		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		
	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? If "Yes," complete Schedule L, Part II	26	Yes	
	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	27		No
	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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N
•	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 🥦	28b		N
	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	28c		N ₁
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	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		N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	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		
	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		
	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		N
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
j	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			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11,913		Yes	

1b

 \boldsymbol{b} Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable $\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
20	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	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	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
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ——
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	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

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	ines
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 8			
	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 8			
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	Yes	
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 Revenu	e Code	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in 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?	16a		No
b	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?			
_		16b		
<u>Se</u> L7	ection C. Disclosure List the states with which a copy of this Form 990 is required to be filed			
L / L8	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►BECKY LEE 418 MADISON AVENUE MONTGOMERY, AL 36104 (334) 244-9999			

Part VII

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

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

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

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

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

organization, more than \$10,000 of reportable co See instructions for the order in which to list the			organ	izat	ion :	and an	y re	elated organizations	5.	
Check this box if neither the organization no	•		tion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	than c	ne b	ox, un of	t ch unle: ficer rust	and a	son	(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
(1) SCOTT KRAMER CHAIRMAN	1.00	×		x				0	0	0
(2) THERMAN DENNIS VICE CHAIR	1.00	х		х				0	0	0
(3) RICK RONEY TREASURER	1.00	х		х				0	0	0
(4) JAMES HENRY SECRETARY	1.00	х		х				0	0	0
(5) MICHAEL BELCHER DIRECTOR	1.00	Х						0	0	0
(6) GRETA WILLIAMS DIRECTOR	1.00	Х						0	0	0
(7) PAM NEWMAN DIRECTOR	1.00	х						0	0	0
(8) JIM KOVACH DIRECTOR	1.00	х						0	0	0
(9) HEATH HARRELL PRESIDENT/CEO	50.00			х				378,875	0	63,094
(10) BECKY LEE CFO	45.00			x				153,705	0	44,989
(11) NIKITA MCCLAIN CCO	45.00			x				175,036	0	38,494
(12) JOSEPH ROBISON VP LENDING	45.00					x		137,579	0	25,382
(13) BRANDON DAVIS VP INNOVATION	45.00					X		125,203	0	19,121
(14) SCOTT ROSEN VP INFORMATION TECHNOLOGY	45.00					Х		124,797	0	12,992
(15) ROD COLTER AVP MORTGAGES	45.00					х		121,678	0	14,704
(16) JEREMI SCOGGINS AVP DEVELOPMENT	45.00	_				х		105,031	0	24,448

Name and title	hours per week (list any hours for related		ne b	ox, u in off	ınles ficer	s pers	son	compensation from the organization	compensation from related organizations (W-2/1099-	amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	MISC)	organization and related organizations
1b Sub-Total	 art VII, Section					*				

1b	Sub-Total			
С	Total from continuation sheets to Part VII, Section A ▶			
d	Total (add lines 1b and 1c)	0		243,224
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4				

	b Sub-Total				
d.	d Total (add lines 1b and 1c)	C)		243,224
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12					
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated	employee on			
	line 1a? If "Yes," complete Schedule J for such individual		3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	the			
	individual	• • • [4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or indiversely services rendered to the organization? If "Yes," complete Schedule J for such person		5		No

d.	Total (add lines 1b and 1c)	0		243,224
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 12			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		V	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	Total (add lines 15 did 16)	~		,			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 12						
			Yes	No			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No			
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	103	No			
Se	Section B. Independent Contractors						

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(B)

Description of services

MARKETING

MARKETING

(C)

Compensation

Form 990 (2019)

502,550

124,026

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(A)

Name and business address

1

FLEX MARKETING LLC

5330 TECHNOLOGY LANE BIRMINGHAM, AL 35217

12405 POWERSCOURT DRIVE ST LOUIS, MO 63131

CHARTER COMMUNICATIONS HOLDINGS LLC

compensation from the organization ▶ 2

	90 (2019) VIII Statement of Revenue					Page 9
Part	Check if Schedule O contains a response or no	ote to any li	ne in this Part VIII			🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a			revenue		512 - 514
	b Membership dues					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e f All other contributions, gifts, grants,					
ıtior er S						
tributio Other	g Noncash contributions included in lines 1a - 1f:\$					
Contand	h Total. Add lines 1a-1f	•				
	Busines	s Code				
	2a LOAN INTEREST INCOME	522100	28,634,489	28,634,489		
nue						
Reve	b					
ЙСе	С					
Ser	d					
Program Service Revenue	-					
P og	e					
	f All other program service revenue.					
		8,634,489		Ι		
	3 Investment income (including dividends, interest, a similar amounts)	▶]	1,127,448			1,127,448
	4 Income from investment of tax-exempt bond proce 5 Royalties	eds ▶ ▶				
	· · · · · · · · · · · · · · · · · · ·	ersonal				
	6a Gross rents 6a					
	b Less: rental					
	expenses 6b c Rental income					
	or (loss) 6c					
	d Net rental income or (loss)	· ► Other				
	7a Gross amount					
	from sales of assets other than inventory					
	b Less: cost or					
	other basis and sales expenses					
	c Gain or (loss) 7c					
	d Net gain or (loss)	· •				
ne	8a Gross income from fundraising events (not including \$ of					
¥e	contributions reported on line 1c). See Part IV, line 18					
r Re	b Less: direct expenses 8b					
Other Revenue	c Net income or (loss) from fundraising events .	· •				
	9a Gross income from gaming activities.					
	See Part IV, line 19 9a b Less: direct expenses 9b					
	c Net income or (loss) from gaming activities	•				
	10aGross sales of inventory, less					
	returns and allowances 10a					
	b Less: cost of goods sold 10b					
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Busine	ss Code				
	11aNSF CHARGES	522100	7,395,458	7,395,458		
	b SERVICE FEE AND OTHER INCOME	522100	4,533,690	4,533,690		
	© INTERCHANGE INCOME	522100	3,537,676	3,537,676		
	IN ENGIANCE INCOME					
	d All other revenue		-149,278	-408,565	259,287	
	e Total. Add lines 11a-11d	>	15,317,546			
	12 Total revenue. See instructions	· •	45,079,483	43,692,748	259,287	1,127,448
						Form 990 (2019)

Part IX	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizati	ons must complete col	lumn (A).
	Check if Schedule O contains a response or note to an		-	·	🗆
	lude amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	and other assistance to domestic organizations and tic governments. See Part IV, line 21	6,000			
	and other assistance to domestic individuals. See	25,000			
govern	and other assistance to foreign organizations, foreign ments, and foreign individuals. See Part IV, lines 15				
4 Benefit	s paid to or for members				
	nsation of current officers, directors, trustees, and oployees	854,193			
defined	nsation not included above, to disqualified persons (as under section 4958(f)(1)) and persons described in 4958(c)(3)(B)				
7 Other s	salaries and wages	11,252,353			
	n plan accruals and contributions (include section 401 d 403(b) employer contributions)	425,501			
9 Other 6	employee benefits	1,969,487			
10 Payroll	taxes	884,116			
11 Fees fo	or services (non-employees):				
a Manage	ement				
b Legal		27,956			
c Accoun	iting	92,852			
d Lobbyii	· -				
•	sional fundraising services. See Part IV, line 17				
	ment management fees			1	
g Other ((If line 11g amount exceeds 10% of line 25, column ount, list line 11g expenses on Schedule O)	150,855			
12 Adverti	ising and promotion	2,224,663			
13 Office	expenses	1,471,307			
14 Inform	ation technology	1,630,828			
15 Royalti	<u> </u>				
	ancy	662,563			
	.´	267,891			
18 Payme	nts of travel or entertainment expenses for any , state, or local public officials	,			
19 Confere	ences, conventions, and meetings	307,106			
20 Interes	st	6,392,972			
21 Payme	nts to affiliates				
,	iation, depletion, and amortization	750,151			
·	nce	151,274			
24 Other emiscell exceed	expenses. Itemize expenses not covered above (List aneous expenses in line 24e. If line 24e amount s 10% of line 25, column (A) amount, list line 24e lies on Schedule O.)				
•	'AX EXPENSE	9,427			
b PROV	ISION FOR LOAN LOSS	4,800,000			
c ATM	AND DEBIT CARD EXPE	3,266,294			
d LOAN	SERVICING	905,108			
e All ot	her expenses	1,748,531			
25 Total f	functional expenses. Add lines 1 through 24e	40,276,428			
reporte educat	costs. Complete this line only if the organization and in column (B) joint costs from a combined ional campaign and fundraising solicitation.				
Check	here ▶ ☐ if following SOP 98-2 (ASC 958-720).				Form 990 (2019)

Form 990 (2019)

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets

5,913,128

48,752,285

695,558

439.649.351

1,396,180

20,039,267

40,913,066

6,932,590

1,163,521

8,609,822

5,889,905

25,000,000

491,360,962

522.250.867

0

0

51,813,901

51,813,901

574,064,768

Form 990 (2019)

574,064,768

(B)

End of year

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

1	Cash-non-inter
2	Savings and ter

est-bearing Savings and temporary cash investments .

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> <a> and

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

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

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

27.011.149 6,971,882 Beginning of year

7,721,438

4,803,336

704,569

410.847.041

1,772,498

18,447,723

28,831,386

6.145.931

1,218,677

6,476,812

5,672,042

10,000,000

424,296,190

439.968.232

486,969,411

1

2

3

4

5

6

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10c

11

12 13

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16

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18

19

20

21

22

23

24

25

26

27

28

30

31

32

33

0 29

0

47.001.179

47,001,179

486,969,411

3a

3h

Nο

Form 990 (2019)

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

31, 2019, THE CREDIT UNION HAD MEMBERSHIP AND PROVIDED SERVICES TO APPROXIMATELY 69,577 MEMBERS.

EIN: 63-0421006

Name: GUARDIAN CREDIT UNION

Form 990 (2019)

Form 990, Part III, Line 4a:

ALABAMA BANKING CODE, SECTION 5-17-1, STATES THAT A CREDIT UNION IS A COOPERATIVE SOCIETY INCORPORATED FOR THE TWO-FOLD PURPOSE OF PROMOTING THRIFT AMONG ITS MEMBERS AND CREATING A SOURCE OF CREDIT FOR THEM AT LEGITIMATE RATES OF INTEREST. GUARDIAN CREDIT UNION, AN ALABAMA STATE-CHARTERED CREDIT UNION, PROVIDES THESE SERVICES TO ITS MEMBERS WHO ARE PRIMARILY MEMBERS/EMPLOYEES AND THEIR RELATIVES OF THE ALABAMA ARMY AND NATIONAL GUARD, MUNICIPAL EMPLOYEES OF THE CITY OF MONTGOMERY, ALABAMA, AND VARIOUS DEPARTMENTS OF THE STATE OF ALABAMA, THE CREDIT UNION'S FIELD OF MEMBERSHIP ALSO INCLUDES SELECTED EMPLOYEE GROUPS AND IS OPEN TO ALL INDIVIDUALS WHO WORK, WORSHIP, ATTEND SCHOOL OR RESIDE IN AUTAUGA, BUTLER, CHILTON, COOSA, CRENSHAW, ELMORE, LEE, LOWNDES, MACON, MONTGOMERY, PIKE, RUSSELL, AND TALLAPOOSA COUNTIES. AS OF DECEMBER efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493275012270

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(a) Name

SCHEDULE C (Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c
- (Proxy Tax) (see separate instructions), then

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

Employer	identification	number

Name of the organization GUARDIAN CREDIT UNION

63-0421006

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions)

Complete if the organization is exempt under section 501(c)(3). Part I-B

(d) Amount paid from

Enter the amount of any excise tax incurred by the organization under section 4955 1 2

Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 □ No

4a Was a correction made?

☐ Yes □ No If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

(b) Address

Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... 4,362 Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing 5

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(c) EIN

filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. (1) STATE ACULAC 22 INVERNESS PARKWAY STE 200 4,362 52-1681138 BIRMINGHAM, AL 35242

(e) Amount of political

Sche	dule C (Form 990 or 990-EZ) 2019					Pa	ige 3
Pa		anization is exempt under section 501(c)(3) and has NOT filn under section 501(h)).	led				
For e	ach "Yes" response on lines 1a throug	gh 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
	ctivity.					moun	t
1		nization attempt to influence foreign, national, state or local legislation, public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?						
b	Paid staff or management (include o	compensation in expenses reported on lines 1c through 1i)?			1		
С	Media advertisements?				1		
d	Mailings to members, legislators, or	r the public?					
е	Publications, or published or broadc	cast statements?					
f	Grants to other organizations for lo	bbying purposes?					
g		r staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, o	conventions, speeches, lectures, or any similar means?					
i	Other activities?						
j							
2a	Did the activities in line 1 cause the	e organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any ta	ax incurred under section 4912			1		
С	If "Yes," enter the amount of any ta	ax incurred by organization managers under section 4912					
d		section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the orga 501(c)(6).	anization is exempt under section 501(c)(4), section 501(c)				Yes	No
1	Were substantially all (90% or more	e) dues received nondeductible by members?		ſ	1		
2	Did the organization make only in-h	nouse lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry	over lobbying and political expenditures from the prior year?		[3		
Pa		anization is exempt under section 501(c)(4), section 501(c) TH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				01(c))(6)
1	Dues, assessments and similar amo	ounts from members	1				
2	Section 162(e) nondeductible lobby expenses for which the section!	ring and political expenditures (do not include amounts of political 527(f) tax was paid).					
a			2a				
b	•		2b				
C			2c				
3		ion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryover	nt on line 2c exceeds the amount on line 3, what portion of the excess does to the reasonable estimate of nondeductible lobbying and political	4				
5		litical expenditures (see instructions)	5				
Р	art IV Supplemental Infor			1			
Pro	vide the descriptions required for Par	t l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II	-A, lines	1 and	d 2 (se	<u>——</u>
	Return Reference	Explanation					
PAR	I-A, LINE 1:	CULAC IS THE POLITICAL ACTION COMMITTEE FOR THE LEAGUE OF SOUTH OUR STATE TRADE ASSOCIATION. FUNDS ARE USED TO SUPPORT POLITICAL					 :s

(WHERE APPLICABLE) AND LOCAL RACES.

AT THE STATE LEVEL. AMONG THOSE ELIGIBLE TO RECEIVE SUPPORT FROM ACULAC ARE CANDIDATES FOR THE ALABAMA HOUSE OF REPRESENTATIVES, ALABAMA SENATE, GOVERNOR, LT. GOVERNOR, ATTORNEY GENERAL, SECRETARY OF STATE, STATE TREASURER, STATE PARTY COMMITTEES, LEADERSHIP PACS

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493275012270

OMB No. 1545-0047

2019

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Open to Public Inspection

		ne organization REDIT UNION		Employer identification number
				63-0421006
Pa	rt I	Organizations Maintaining Donor Advi		nds or Accounts.
		Complete if the organization answered "Ye		(b) founds and able to account
ı	Total n	umber at and of year	(a) Donor advised funds	(b) Funds and other accounts
		umber at end of year		
		ate value of contributions to (during year)		
		ate value of grants from (during year)		
•		ate value at end of year		
5		e organization inform all donors and donor advisc zation's property, subject to the organization's ex		
5	charita	e organization inform all grantees, donors, and do able purposes and not for the benefit of the donor a benefit?	or donor advisor, or for any other pur	pose conferring impermissible
Par	t II	Conservation Easements.		
		Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
L	Purpos	se(s) of conservation easements held by the orga	nization (check all that apply).	
	□ P	Preservation of land for public use (e.g., recreatio	n or education) \square Preservation	of an historically important land area
	□ Р	Protection of natural habitat	Preservation	of a certified historic structure
	□ P	reservation of open space		
2	Compleasem	ete lines 2a through 2d if the organization held a ent on the last day of the tax year.	qualified conservation contribution in t	he form of a conservation Held at the End of the Year
а	Total n	umber of conservation easements		2a
b	Total a	creage restricted by conservation easements		. 2b
С	Numbe	er of conservation easements on a certified histor	ic structure included in (a)	2c
		er of conservation easements included in (c) acqu are listed in the National Register	ired after 7/25/06, and not on a histori	c 2d
3		er of conservation easements modified, transferre	ed, released, extinguished, or terminate	ed by the organization during the
ļ	Numbe	er of states where property subject to conservation	on easement is located >	
5		he organization have a written policy regarding t nforcement of the conservation easements it hold		dling of violations, Yes No
5	Staff a	and volunteer hours devoted to monitoring, insper	cting, handling of violations, and enforc	ing conservation easements during the year
7	Amour ▶ \$	nt of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing o	onservation easements during the year
3	Does e	each conservation easement reported on line 2(d)	above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
		ection 170(h)(4)(B)(ii)?		
)	balanc	t XIII, describe how the organization reports cons te sheet, and include, if applicable, the text of the ganization's accounting for conservation easemer	footnote to the organization's financia	expense statement, and
art	31111	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, o	Other Similar Assets.
La	art, his	organization elected, as permitted under SFAS 1: storical treasures, or other similar assets held for e, in Part XIII, the text of the footnote to its finar	.6 (ASC 958), not to report in its reven public exhibition, education, or researc	ch in furtherance of public service,
b	If the historic	organization elected, as permitted under SFAS 11 cal treasures, or other similar assets held for pub ng amounts relating to these items:	.6 (ASC 958), to report in its revenue s	tatement and balance sheet works of art,
(i		nue included on Form 990, Part VIII, line 1		> \$
		s included in Form 990, Part X		<u> </u>
2	If the	organization received or held works of art, histori ng amounts required to be reported under SFAS	cal treasures, or other similar assets fo	
а	Reven	ue included on Form 990, Part VIII, line 1		> \$
b	Assets	included in Form 990, Part X		> \$
or D	2222	ork Peduction Act Notice see the Instruction	no for Form 000	No E2222D Cohodula D (Form 000) 201

Par	t III	Organizations Maintaining	Collections of	Art, Histor	ical T	reası	ıres, oı	r Other	Similar A	ssets (conti	nued)	
3		g the organization's acquisition, acces s (check all that apply):	sion, and other i	ecords, check	any of	the fo	llowing t	chat are a	significant (use of its coll	ection	
а		Public exhibition		d		Loan	or exch	ange pro	grams			
b		Scholarly research		е		Othe	r					
С		Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5		ng the year, did the organization solic ts to be sold to raise funds rather tha								☐ Yes	□ N	o
Pai	rt IV	Escrow and Custodial Arran Complete if the organization a X, line 21.		on Form 99	0, Part	: IV, li	ne 9, o	r reporte	ed an amou	unt on Form	1 990,	Part
1a		ne organization an agent, trustee, cust ided on Form 990, Part X?								Yes	□ N	o
b	If "Y	es," explain the arrangement in Part 1	XIII and complet	e the followin	g table:	:			А	mount		_
С		nning balance	•		_			1c				_
d	Addi	tions during the year						1d				_
e		ributions during the year						1e				_
f	Endi	ng balance						1f				_
2a	Did t	the organization include an amount or	n Form 990. Part	X. line 21. for	r escrov	v or cu	ıstodial a	account li	ability?	☐ Yes	□ N	_ o
b		es," explain the arrangement in Part (
	rt V	Endowment Funds.					p					
		Complete if the organization a										
4 -	D = =:=	win	(a) Current	year (b)	Prior ye	ar	(c) Two y	ears back	(d) Three ye	ars back (e)	our yea	rs back
	_	ning of year balance				-						
		ibutions										
		vestment earnings, gains, and losses										
	Other	s or scholarships expenditures for facilities rograms										
f		nistrative expenses										
g	End o	f year balance										
2	Prov	ide the estimated percentage of the c	urrent vear end	balance (line :	la, colu	ımn (a)) held a	ıs:	1			
а		rd designated or quasi-endowment	,	,	٥,		,,					
b	Pern	nanent endowment >		•								
c		porarily restricted endowment ►										
_	The	percentages on lines 2a, 2b, and 2c s	hould equal 100°	%.								
3а		there endowment funds not in the pos nization by:	ssession of the o	ganization th	at are h	neld an	d admin	istered fo	r the		Yes	No
	(i) u	ınrelated organizations								3a(i)		
		related organizations								3a(ii)		
b 1		es" on 3a(ii), are the related organiza								3b		
4		cribe in Part XIII the intended uses of		s enaowment	runds.							
Pal	rt VI	Land, Buildings, and Equipm Complete if the organization a		on Form 99	0. Part	: IV. li	ne 11a	. See Fo	rm 990. Pa	rt X. line 1	0.	
	Desci	ription of property (a) Cost o		(b) Cost or othe					depreciation		ook valu	e
1a	Land		+		6,6	15,820						5,615,820
		ngs	+		-	86,776			4,149,839			1,636,937
		hold improvements				16,215			16,215			0
		ment				,						

4,592,338

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

1,786,510

20,039,267

2,805,828

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV/ lin	e 11h See Form 990 1	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
	ll derivatives			
(2) Closely- (3)Other _—	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)		+ +		
(F)		+ +		
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related.		o 11c Soo Form 000	Dayt V Jino 12
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, III	(b) Book value	(c) Method of valuation:
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (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	e 11d. See Form 990. Par	t X, line 15.
(4)	(a) Description	,	·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				•
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11e or 11f.See Form	
1. (1) Federal	(a) Description of liability income taxes			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)		-	491,360,96
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footno		anization's financial state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the t	ext of the footnote has be	en provided in Part XIII 🛭 🗹

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

45,079,483 Total expenses and losses per audited financial statements 1 1 40,276,428 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 2b Prior year adjustments

2c 2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e Subtract line 2e from line 1 3 40,276,428 3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b Add lines **4a** and **4b** 4c

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 40.276.428 Supplemental Information

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

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

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 63-0421006

Name: GUARDIAN CREDIT UNION

Explanation

Supplemental Information

Return Reference

Return Reference	Explanation
PART X, LINE 2:	THE CREDIT UNION IS EXEMPT, BY STATUTES, FROM MOST FEDERAL AND STATE INCOME TAXES. THE CRE DIT UNION FILES A FEDERAL FORM 990 AND HAS A DECEMBER 31 TAX YEAR END. THE STATE OF ALABAM A IMPOSES A 6.5% EXCISE TAX ON THE TAXABLE INCOME OF STATE-CHARTERED CREDIT UNIONS AS OF D ECEMBER 31, EACH TAX YEAR. THE CREDIT UNION HAS ASSESSED ITS ACTIVITIES AND ANY POTENTIAL FEDERAL INCOME TAX LIABILITY BASED ON THE GUIDANCE FROM THE PROVISIONS OF FASB ASC 740, IN COME TAXES, ASSOCIATED WITH UNCERTAINTY IN INCOME TAX POSITIONS. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE INCOME TAX POSITIONS TAKEN AND TO BE TAKEN ON ITS TAX R ETURNS BASED ON AN ASSESSMENT OF MANY FACTORS INCLUDING EXPERIENCE AND INTERPRETATIONS OF TAX LAWS APPLIED TO THE FACTS OF EACH MATTER. THE CREDIT UNION HAS CONCLUDED THAT THERE AR E NO SIGNIFICANT UNCERTAIN TAX POSITIONS REQUIRING DISCLOSURE, AND THERE ARE NO MATERIAL A MOUNTS OF UNRECOGNIZED TAX BENEFITS REQUIRING RECOGNITION IN THE FINANCIAL STATEMENTS. THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES, AND INTEREST FOR ANY YEAR S FOR WHICH NO TAX RETURN WAS FILED. IN THE OPINION OF MANAGEMENT, ANY LIABILITY ARISING F ROM FEDERAL TAXATION OF ACTIVITIES DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSES AND ANY P OTENTIAL ADDITIONAL LIABILITY RESULTING FROM THE TAXING AUTHORITIES IMPOSING TAXES, PENALT IES, AND INTEREST ON THE TAXES DUE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS. WITH FEW EXCEPTIONS, CURRENTLY THE 2 018, 2017, AND 2016 FEDERAL TAX RETURNS ARE OPEN FOR EXAMINATION BY THE IRS. THE ALABAMA D EPARTMENT OF REVENUE IS QUESTIONING SOME ALABAMA STATE-CHARTERED CREDIT UNIONS, INCLUDING GUARDIAN CREDIT UNION. REGARDING CERTAIN DEDUCTIONS TAKEN FOR ALABAMA EXCISE TAX PURPOSES.
	GUARDIAN CREDIT UNION, REGARDING CERTAIN DEDUCTIONS TAKEN FOR ALABAMA EXCISE TAX PURPOSES. PROCEEDINGS RELATED TO THE DEPARTMENT OF REVENUE'S QUESTIONING HAVE BEEN POSTPONED SINCE NOVEMBER 2019. THE OUTCOME OF THIS INQUIRY AS IT RELATES TO GUARDIAN CREDIT UNION AS OF THE DATE OF THIS REPORT IS UNCERTAIN.

efile GRAPHIC print - DO N	NOT PROCESS	As Filed Data -					DL	N: 934932 7 50	12270	
Note: To capture the full co	ontent of this d	ocument, please sel	ect landscape mode	e (11" x 8.5") whe	n printing.					
Schedule I		Cronto and O	thar Assistanc	o to Organia	otiono		<u>C</u>	MB No. 1545-004	7	
(Form 990)			ther Assistanc		•			2019		
			and Individuals		-			2019		
	Со	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public		
Department of the Treasury		► Go to www	v.irs.gov/Form990 for		on.			Inspection		
Internal Revenue Service										
Name of the organization GUARDIAN CREDIT UNION							Employer identific	ation number		
GOARDIAN CREDIT ONION							63-0421006			
Part I General Informa	tion on Grants	and Assistance				•				
Does the organization mains the selection criteria used toDescribe in Part IV the organization	o award the grants	or assistance?				e, and		 ✓ Yes	□ No	
Part II Grants and Other A	ssistance to Dom		nd Domestic Governme		rganization answered "Yes'	on Form	990, Part IV, line	21, for any recipi	ent	
(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 noncash assistance (h) P		grant	
(1) AUTAUGA COUNTY COMMISSION 135 N COURT STREET SUITE B PRATTVILLE, AL 36067	63-6001399	501(C)(3)	6,000					SUPPORT FOR NEIGHBORHOO AND EMPLOYEE APPRECIATION	D PARK	
2 Enter total number of section	on 501(c)(3) and go	overnment organizations	listed in the line 1 table .				. •	·	1	
3 Enter total number of other							▶			
For Paperwork Reduction Act Notice				Cat. No. 50055				edule I (Form 990)	2019	

(5)

(6)

(7)

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

Return Reference

Explanation

PART I, LINE 2: UPON DETERMINING A SCHOLARSHIP RECIPIENT, THE CREDIT UNION WILL MAIL A CHECK DIRECTLY TO THE RECIPIENT'S COLLEGE OR UNIVERSITY. Schedule I (Form 990) 2019

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 934	19327	5012	270		
	nedule J	C	ompensat	ion Information	ОМ	1B No.	1545-0	0047		
(Form 990)		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.					2019			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>ov/Form990</u> for	instructions and the latest informa	ition.		o Pul			
Nar	me of the organiza			E	mployer identificat					
GUA	ARDIAN CREDIT UNIC	ON		6	3-0421006					
Pa	rt I Questio	ons Regarding Compensa	ation		3 0 121000					
							Yes	No		
1a				f the following to or for a person listed on the property of the selection regarding these						
		s or charter travel	님	Housing allowance or residence for pe						
		companions	님	Payments for business use of persona						
	_	nification and gross-up payment	ts 📙	Health or social club dues or initiation						
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffe	ur, chef)					
b				follow a written policy regarding payme ve? If "No," complete Part III to explain		1b				
2				or allowing expenses incurred by all		2				
	directors, truste	es, officers, including the CEO/I	Executive Directo	r, regarding the items checked on Line	1a?					
3	organization's C	EO/Executive Director. Check a	II that apply. Do i	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in						
	☑ Compensa	ation committee	\checkmark	Written employment contract						
	_ '	ent compensation consultant	✓	Compensation survey or study						
		of other organizations	\checkmark	Approval by the board or compensation	on committee					
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filir	ng organization or a					
а	Receive a severa	ance payment or change-of-con	ntrol payment? .			4a		No		
b	Participate in, or	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b	Yes			
C		. ,	,	nsation arrangement?		4c		No		
	If "Yes" to any c	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part I	II.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-0						
5				the organization pay or accrue any						
		ontingent on the revenues of:		, , ,						
а	The organization	1?				5a				
b		anization?				5b				
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		the organization pay or accrue any						
а	The organization	1?				6a				
b						6b				
	If "Yes," on line	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7				
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," described in the contract that was		8				
9				presumption procedure described in Re		9				
For I	Danerwork Bedu	iction Act Notice, see the Ins	structions for Fo	orm 990 Cat No. 500	253T Schedule 1	(Form	990)	2019		

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

Note. The sum of colur	nns (B)(i)-(iii) for each listed in	at are not listed on Form 9 adividual must equal the to	tal amount of Form 990,				
(A) Name and Title		(B) Breakdowi (i) Base compensation	n of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable 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
1 HEATH HARRELL PRESIDENT/CEO	(i)	337,666	41,209	0	43,352	19,742	441,969	0
	(ii)	0	0	0	0	0	0	0
2 BECKY LEE CFO	(i)	137,751	15,954	0	25,370	19,619	198,694	0
	(ii)	0	0	0	0	0	0	0
3 NIKITA MCCLAIN CCO	(i)	156,911	18,125	0	18,752	19,742	213,530	0
	(ii)	0	0	0	0	0	0	0
4 JOSEPH ROBISON VP LENDING	(i)	126,225	11,354	0	6,231	19,151	162,961	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2019	Page 3										
Part III Supplemental Inform	nation										
Provide the information, explanation, or	vide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
Return Reference	Explanation										
·	THE CREDIT UNION HAS A SPLIT-DOLLAR LIFE INSURANCE ARRANGEMENT WITH HEATH HARRELL, PRESIDENT/CEO. THE PREMIUM ON THE POLICY WAS FUNDED BY THE CREDIT UNION THROUGH A LOAN TO THE PRESIDENT/CEO. INTEREST ACCRUES TO THE LOAN MONTHLY. THE CREDIT UNION HAS SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION ARRANGEMENTS WITH HEATH HARRELL, BECKY LEE, AND NIKITA MCCLAIN. THE PLANS ARE DESIGNED TO PROVIDE POST-RETIREMENT BENEFITS TO THE COVERED EMPLOYEES.										

Schedule 1 (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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. PGo to www.irs.gov/Form990 for instructions and the latest information. Employer identification number 63-0421006	efile GRAPHI	C print - DO NO	T PROCESS	As Filed	l Data -					DL	N: 93	4932	7501227			
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990 etc. Part V, line 38a or 40b. Statch to Form 990 or Form 990 etc. Part V, line 38a or 40b. Statch to Form 990 or Form 990 etc. Port of the Inspection of Inspection (Inspection GUARDIAN CREDIT UNION State of the organization answered "Yes" on Form 990 etc. Part V, line 25a or 25b, or Form 990 etc. Part V, line 25a or Form 99	Schedule L		Transa	ctions	with Int	erestec	Person	s			10	1B No.	1545-0047			
PGo to Www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection Ins	Form 990 or 990	0-EZ) ► Complet	te if the organiza 27, 28a, 28b	ition answ , or 28c, (vered "Yes" or Form 990-	on Form 99 EZ, Part V,	0, Part IV, lir line 38a or 4	ies 2	5a, 2	5b, 26	,	2019				
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, a first 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 25; or if the organization reported an amount on Form 990, Part X, line 36, or 22. (a) Name of interested (c) Purpose of loan (d) Loan to or from the organization (e) Purpose of loan (f) Purpose of loa	•	auour,						ormat	ion.		C					
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 25 or 255, or Form 990-EZ, Part V, line 401. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No organization (e) Purpose of assistance (e) Purpose of assista									•		ntifica	tion n	umber			
(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected Yes No 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. 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 From 990, Part IV, line 5, 6, or 22 (a) Name of (b) Relationship with organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization person (b) Relationship loan (c) Description of transaction of transaction or description of transaction during the year under section 4958. (a) Name of (b) Relationship with 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 IV, line 26; or if the organization agreement? (b) Relationship loan (c) Purpose of displaying amount on Form 990, Part IV, line 27. (a) Name of interested person and the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person and the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship loan (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance								(29)	organ	ization						
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 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 with organization To From To Fr													Corrected			
4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	1 (n Name of disquaii	med person	(b) Rei			ned person and	u (<u>``</u>	``			
4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization																
TO From Yes No Yes No Yes No Hes No Hearth ASSIGNMENT SPLIT-DOLLAR LIFE INSURANCE	(a) Name of interested	orted an amount o (b) Relationship	n Form 990, Part >	K, line 5, 6 (d) Loan t	, or 22 o or from the	(e) Original principal	(f) Balance	(g)	lefault? Approved b board or		(h) (i) Writ) Written			
1) REATH HARRELL PRESIDENT/CEO TO PAY THE PREMIUMS OF COLLATERAL ASSIGNMENT SPLIT-DOLLAR LIFE INSURANCE Total 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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance				То	From	amount		Yes	No			Yes	No			
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	(1) HEATH HARRELL	PRESIDENT/CEO	PREMIUMS OF COLLATERAL ASSIGNMENT SPLIT-DOLLAR LIFE			732,984	695,558	_								
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																
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																
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 (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Fotal .		1		▶	\$	695,558									
(a) Name of interested person (b) Relationship between interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					ed Persons	· ·	,									
		rested person (b) Relationship between and person and	ween (f assis	stance	÷ ((e) Pur	rpose of	f assistance			
										\perp						

Explanation

Schedule I. (Form 990 or 990-F7) 2019

Return Reference

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SCHEDUL (Form 990 or EZ)	990-	90-EZ ions on n.	OMB No. 1545-0047 2019 Open to Public Inspection			
Namel Setherofg GUARDIAN CREDIT 990 Schedul	T UNION	lemental Informatio	n		Employer io 63-0421006	dentification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 4	THE CHAF	TER WAS UPDATED IN	2020 TO INCLUDE C	COVINGTON COUNTY, ALABAR	MA.	

Return Explanation
Reference

LINE 6

FORM 990, PART VI, SECTION A, GUARDIAN CREDIT UNION IS A NON-PROFIT FINANCIAL INSTITUTION THAT IS OWNED AND OPERATED BY ITS MEMBERS.

Return Explanation
Reference

FORM 990,	THE MEMBERS OF GUARDIAN CREDIT UNION ELECT ITS BOARD OF DIRECTORS AT THE ANNUAL MEMBERSHIP
PART VI,	MEETING. THE BOARD OF DIRECTORS IS MADE UP OF EIGHT BOARD MEMBERS AND THE TERM FOR EACH B
SECTION A,	OARD MEMBER IS THREE YEARS. THE NOMINATING COMMITTEE WILL NOMINATE MEMBERS FOR OPEN BOARD
LINE 7A	POSITIONS OR MEMBERS MAY PLACE A NAME ON THEIR VOTING BALLOT BY PETITION.

Return Explanation
Reference

FORM 990,	THE FOLLOWING TYPES OF DECISIONS ARE SUBJECT TO THE APPROVAL BY THE CREDIT UNION'S MEMBERS
PART VI,	DISSOLUTION OF THE CREDIT UNION, ELECTION AND TERMINATION OF BOARD OR COMMITTEE MEMBERS,
SECTION A,	EXPULSION OF CREDIT UNION MEMBERS, AND CONVERSION FROM STATE TO FEDERAL CHARTER.
LINE 7B	

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE PERSONNEL COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PRESIDENT/CEO'S SALARY ON AN ANNUAL BASIS. THE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO WHILE TAKING INT O ACCOUNT THE OVERALL PERFORMANCE OF THE CREDIT UNION. ADDITIONALLY, THE COMMITTEE USES "C UES" COMPENSATION SURVEYS IN CONJUNCTION WITH BALANCED COMP DATA, WHICH PROVIDES INDEPENDE NT COMPARABLE SALARY DATA FOR THE DELIBERATION AND DECISION MAKING PROCESS. THE BOARD OF D IRECTORS APPROVES THE PRESIDENT/CEO'S SALARY. COMPENSATION FOR OTHER OFFICERS, KEY EMPLOYE ES, AND MANAGEMENT IS DETERMINED ON A YEARLY BASIS BY THE PRESIDENT/CEO. THE PRESIDENT/CEO USES SIMILAR SALARY SURVEY DATA WHILE TAKING INTO CONSIDERATION THE TYPE OF WORK PERFORME D, SUPERVISOR PERFORMANCE EVALUATIONS, AND THE OVERALL PERFORMANCE OF THE CREDIT UNION.

Return Explanation
Reference

FORM 990, THE CREDIT UNION MAKES AVAILABLE ITS FINANCIAL STATEMENTS VIA THE NCUA WEBSITE WHICH CAN B PART VI, E FOUND AT WWW.NCUA.GOV. OTHER DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. SECTION C, LINE 19

Return Explanation Reference

FORM 990. ACTUARIAL UNREALIZED LOSS ON DEFINED BENEFIT PENSION PLAN -314.793. PART XI.

LINE 9:

990 Schedule O, Supplemental Information

Return Explanation
Reference

FORM 990,
PART XII,
FINANCIAL
STATEMENTS
AND
REPORTING

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

(a)

(Form 990)

Department of the Treasury

GUARDIAN CREDIT UNION

Internal Revenue Service Name of the organization

Part I

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 for instructions and the latest information.

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

(b)

(c)

OMB No. 1545-0047

DLN: 93493275012270

2019

Open to Public Inspection

(f)

Employer identification number

63-0421006

(e)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (s or foreign coun	state Total income try)	End-of-year assets	Direct controlling entity		
(1) G ADVERTISING LLC 1789 CONG WL DICKINSON DRIVE MONTGOMERY, AL 36109 47-3988987	ADVERTISING AGENCY SERVICES	AL		0 0	GUARDIAN CREDIT UNION		-
(2) GUARDIAN INSURANCE SERVICES 418 MADISON AVE MONTGOMERY, AL 36104 83-3524224	PROVIDE INSURANCE SERVICES TO MEMBERS	S AL	22,12	27 10	GUARDIAN CREDIT UNION		
							_
							-
Part II Identification of Related Tax-Exempt Organizations. related tax-exempt organizations during the tax year.	Complete if the orga	anization answered	l "Yes" on Form 99	0, Part IV, line 34	because it had one or	more	_
(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	Section (13) co ent	512(b) ntrolled ity?
						Yes	No
						_	
For Paperwork Reduction Act Notice, see the Instructions for Form 990		Cat. No. 5013	B5Y		Schedule R (Form	990) 20	19

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	se it ha	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	ated, total incor d, rom er	f Share of end-of-year assets		n) rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Y-UBI Genera in box manag of partne le K-1		(k) rcentage ynership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	Section (13)	(i) on 512(b) controlled ntity?
			77									Tes	
				-						Calcadada D	/ -	- 000)	

chedule R (Form 990) 2019					Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered	Yes" on Form 990, Pa	rt IV, line 34, 35b	o, 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 orgranization engage in any of the following transactions with one or more relate	ed organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
${f b}$ Gift, grant, or capital contribution to related organization(s)				1 b		
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		
f d Loans or loan guarantees to or for related organization(s)				1 d		
e Loans or loan guarantees by related organization(s)				1e		
f Dividends from related organization(s)				1f		
g Sale of assets to related organization(s)				1 g		
h Purchase of assets from related organization(s)				1h		
i Exchange of assets with related organization(s)				1i		
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		
k Lease of facilities, equipment, or other assets from related organization(s)				1k		
I Performance of services or membership or fundraising solicitations for related organization(s)				11		
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1 p		
q Reimbursement paid by related organization(s) for expenses				1 q		
r Other transfer of cash or property to related organization(s)				1r		
$oldsymbol{s}$ Other transfer of cash or property from related organization(s)				1s		
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 tra	nsaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount inv	volved	
						_

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 section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations? (f) Share of total income		(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	nartner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No		
	1		1							Schedul	e R (Forn	1990	0) 2019	

Schedule R (Form 990) 2019									
Part VII	Supplemental Info	ormation							
	Provide additional information for responses to questions on Schedule R. (see instructions).								
Retu	ırn Reference	Explanation							