Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

DLN: 93493156000325

2013

Open to Public Inspection

A Fo	rthe 2	2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31	-2013										
B Che	eck if ap	oplicable C Name of organization SOUTHERN ILLINOIS AREA CREDIT UNION		D Employ	er ider	ntification number							
Add	ress ch			37-05	25095	5							
∏ Nar	ne char	nge											
	ıal retur	Number and street (of P.O. box if mail is not delivered to street address) Room/suit	e	E Telephor	ne numl	ber							
	mınated			(618)234-5021									
Am.	ended r	eturn City or town, state or province, country, and ZIP or foreign postal code SWANSEA, IL 62226		(1-1)									
☐ App	lication	pending		G Gross receipts \$ 451,321									
		F Name and address of principal officer MARY KAMENEC	H(a) Is the		eturn	for							
		4384 N ILLINOIS ST	subor	dinates?		┌ Yes ┌ No							
		SWANSEA,IL 62226	H(b) Are a	II subordın	ates	┌ Yes ┌ No							
	, avam	pt status	includ			/\							
						(see instructions)							
		:► N/A	H(c) Grou	p exemption	on nun	nber ► 							
		anization	L Year of for	mation 193	6 M	State of legal domicile IL							
Pa	rt I	Summary											
	Т	Briefly describe the organization's mission or most significant activities O ASSIST OUR MEMBERS IN THE MANAGEMENT OF THEIR FINANCIAL WI											
e e		CHECKING ACCOUNTS, AND OTHER INSTITUTION SERVICES AT A LOW COST IN A CUSTOMER SERVICE BASED ENVIRONMENT											
alle													
Ě	-												
Governance	2 (Check this box 📭 if the organization discontinued its operations or disposed of	more than 2	5% of its i	net as:	sets							
Activities &	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	9							
Hite	4 N	Number of independent voting members of the governing body (Part VI, line 1b)			4	8							
St.	5 T	otal number of individuals employed in calendar year 2013 (Part V, line 2a) .			5	5							
٩.	6 ⊺	otal number of volunteers (estimate if necessary)		6	8								
		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0								
	bΛ	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>		7b	0							
	_		Prio	r Year	_	Current Year							
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		2011	0	0							
Revenue	9	Program service revenue (Part VIII, line 2g)		384,4		435,223							
줐	10 11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,0 85,6		16,098							
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		83,0		0							
		12)		499,1	57	451,321							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0							
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0							
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)		157,3	78	151,491							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0							
ਡੋ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶											
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		411,8		383,286							
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		569,1	_	534,777							
	19	Revenue less expenses Subtract line 18 from line 12	-70,0		-83,456								
Not Assets or Fund Balances				j of Curren ear	T	End of Year							
esse Bafa	20	Total assets (Part X, line 16)		8,401,0	8 5	0							
et A Fide	21	Total liabilities (Part X, line 26)		7,783,9	41	0							
žΞ	22	Net assets or fund balances Subtract line 21 from line 20		617,1	44	0							
Par	t II	Signature Block											

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign	
Here	

Signature of officer

PATTI RANDICK SVP-ARSENAL CREDIT UNION

Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name Preparer's signature Firm's name FSTEPHEN LANG & ASSOCIATES LLC Firm's address ► 14323 S OUTER 40 STE N205 CHESTERFIELD, MO 63017

May the IRS discuss this return with the preparer shown above? (see instruction

Form	990 (2013)				Page 2
Par		ent of Program Service A	Accomplishments or note to any line in this Part III		٠
1	Briefly describe	the organization's mission			
			OF THEIR FINANCIAL WELL BEING S AT A LOW COST IN A CUSTOME!		
2	the prior Form 99		rogram services during the year whic	ch were not listed on	┌ Yes ┌ No
3	Did the organizat	non cease conducting, or make	significant changes in how it conduct	ts, any program	✓ Yes │ No
4	expenses Section		complishments for each of its three la anizations are required to report the i program service reported		
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
-Iu	,	AL AND FINANCIALLY RELATED SERVICE	,	, (1.6.5 4	,
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
		CE OF CREDIT TO MEMBERS AT A FAIF INDING TOTALING \$4,428,200	R AND REASONABLE RATE OF INTEREST PRIC	OR TO THE MERGER, ON DECEMB	ER 31, 2013, THERE WERE
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	PAID DIVIDENDS OF	N MEMBER DEPOSITS TOTALING \$30,5	70 FOR THE YEAR		
4d	Other program s	services (Describe in Schedule	0)		

) (Revenue \$

including grants of \$

(Expenses \$

4e

Total program service expenses ►

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, 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, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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? If "Yes," complete Schedule D, Part V	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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		No
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		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?	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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States 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		No
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		
С	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) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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	Yes	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		Fo	orm 990	(2013)

Par				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 284		103	110
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-		[
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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?	За		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	•		
52	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?			No
		5b		INO
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	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?			NO
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	/c		
a	11 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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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	-		
L1	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		
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	1		
14a		142		No
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O			100
14a	Enter the amount of reserves on hand	14a		

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

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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	Yes	
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		Νο
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?	7b	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	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
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		
11a	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			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Cours we have a Constitution of the course o			

Own website Another's website Vupon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►PATTI RANDICK 3780 VOGEL ROAD ARNOLD, MO 630103799 (314)962-6363

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(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	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) MARY KAMENEC	40 00	х		Х				44,914	0	2,246	
PRESIDENT / TREASURER				<u> </u>				11,511		2,210	
(2) FRED RANEY CHAIRMAN	2 00	x						0	0	0	
(3) JOHN WILSON	1 00	Х						0	0	0	
VICE CHAIRMAN		_ ^						0	U	0	
(4) JOHN ENGLISH	1 00	x						0	0	0	
SECRETARY											
(5) RICHARD GIBBS	1 00	x						0	0	0	
BOARD MEMBER (6) BILL MUREN	1.00										
	1 00	х						0	0	0	
BOARD MEMBER (7) TERRY HIME	1 00	-									
BOARD MEMBER		X						0	0	0	
(8) BOB KILLION	1 00	 									
BOARD MEMBER		X						0	0	0	
(9) AARON KNIBB	1 00	,,									
BOARD MEMBER		Х						0	0	0	
		1	1	l	1	l	l				

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list	er more than one box, unless ist person is both an officer		(D) (E) Reportable Reportable compensation from the				(F) Estima mount of	other ation				
		any hours for related organizations below			Office			Former	organıza 2/1099	ation (W- organizations (V D-MISC) 2/1099-MISC		or	from t ganızatı relate organıza	on and
		dotted line)	Individual trustee or director	Institutional Trustee	Φ	employee	Highest compensated employee	ier					organiza	LIONS
1b	Sub-Total			_	_			 						
	Total from continuation sheet	s to Part VII. S	ection A	١.			-	▶						
d	Total (add lines 1b and 1c) .				٠.			▶		44,914		0		2,246
2	Total number of individuals (in \$100,000 of reportable compe	-					d abov	e) wh	ho receive	d more th	nan			
											_		Yes	No
3	Did the organization list any fo on line 1a? <i>If "Yes," complete S</i>								or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
											L			
	cction B. Independent Co Complete this table for your five compensation from the organization from the organi	ve highest comp											tax vear	
		the organization Report compensation for the calendar year ending with or within the organization (A) Name and business address Description of services							(C) Compensation					
												#		

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

\$100,000 of compensation from the organization $\blacktriangleright 0$

Form 99						Page 9
Part V	/##	Statement of Revenue Check if Schedule O contains a response or note to any lii	ne in this Part VIII			
		The continue of contains a response of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
χx	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	ь	Membership dues 1b				
ايَّ ق	С	Fundraising events 1c				
iffs ar /	d	Related organizations 1d				
s, G	e	Government grants (contributions) 1e				
ion	f	All other contributions, gifts, grants, and similar amounts not included above				
ibut	g	Noncash contributions included in lines				
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$				
<u>ပြ</u>	h	Total. Add lines 1a-1f				
en		Business Code				
Program Serwce Revenue	2a b	INTEREST ON LOANS 522100 FEES & OTHER INCOME 522100	316,192	316,192		
بة 12	c	FEES & OTHER INCOME 522100	119,031	119,031		
r S	d					
<i>3</i> 36 ⊆	e					
Gran	f	All other program service revenue				
Æ	g	Total. Add lines 2a-2f	435,223			
	3	Investment income (including dividends, interest,	·	16 000		
	4	and other similar amounts)	16,098	16,098		
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount (1) Securities (11) Other				
		from sales of assets other				
	ь	than inventory Less cost or				
		other basis and sales expenses				
	C	Gain or (loss)				
	d 8a	Net gain or (loss)				
e E		events (not including				
Other Revenue		\$ of contributions reported on line 1c)				
ъ		See Part IV, line 18				
i e	ь	Less direct expenses b				
5	С	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	I	Less direct expenses b				
		Net income or (loss) from gaming activities				
		returns and allowances .				
		a				
	b	Less cost of goods sold b Net income or (loss) from sales of inventory b				
	Ť	Miscellaneous Revenue Business Code				
	11a					
	ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
	12	Total revenue. See Instructions	451,321	451,321	0	o

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)	er organizations must complete column (A)	All other org	lcolumns	iust complete al	organizations) and 501(c)(4)	tion 501(c)(3	ec.
--	---	---------------	----------	------------------	---------------	-----------------	---------------	-----

	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21										
2	Grants and other assistance to individuals in the United States See Part IV, line 22										
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				_						
4	Benefits paid to or for members										
5	Compensation of current officers, directors, trustees, and key employees	47,160									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$										
7	Other salaries and wages	87,423									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	4,569									
10	Payroll taxes	12,339									
11	Fees for services (non-employees)										
а	Management										
b	Legal	6,704									
c	Accounting	13,691									
d	Lobbying										
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)										
12	Advertising and promotion	2,653									
13	Office expenses	69,595			-						
14	Information technology	29,349									
15	Royalties				_						
16	Occupancy	23,337									
17	Travel										
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	3,765									
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	11,269									
23	Insurance	14,578									
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)										
а	PROVISION FOR LOAN LOSS	128,789									
b	LOAN SERVICING	34,083									
c	MEMBER DIVIDENDS	30,570									
d	NCUSIF ASSESSMENTS	6,427									
е	All other expenses	8,476									
25	Total functional expenses. Add lines 1 through 24e	534,777									
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 (2013) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 122,522 0 1 1 2,459,675 2 0 2 Savings and temporary cash investments 0 3 3 4 0 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets 6 0 5,291,054 7 0 8 0 8 29,985 0 9 9 10a Land, buildings, and equipment cost or other basis Complete Part Λ 10a VI of Schedule D b Less accumulated depreciation 10b 325,688 10c 0 0 11 11 12 12 0 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 14 0 14 172,161 0 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 8,401,085 16 0 17 31,434 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 7,752,507 0 26 7,783,941 0 **Total liabilities.** Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ┌ and complete Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ▼ and complete lines 30 through 34. ŏ 30 0 0 Capital stock or trust principal, or current funds 30 Assets 0 0 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 617,144 32 0 Retained earnings, endowment, accumulated income, or other funds ¥ 33 617,144 33 0 34 Total liabilities and net assets/fund balances 8,401,085

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

3b

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SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

► Attach to Form 990 or 990-EZ.

2013

DLN: 93493156000325OMB No 1545-0047

Open to Public

Open to Public Inspection

Internal Revenue Service

Name of the organization

SOUTHERN ILLINOIS AREA CREDIT UNION

▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at $\underline{www.irs.gov/form990}$.

Employer identification number 37-0525095

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a)Description of asset(s) distributed or transaction expenses paid	(b)Date of distribution	(c)Fair market value of asset(s) distributed or amount of transaction expenses		(e)EIN of recipient	(f)Name and address of recipient	(g)IRC section of recipient(s) (if tax-exempt) or type of entity
CASH	12-31-2013	209,451	BOOK VALUE	43-0663009	ARSENAL CREDIT UNION 3780 VOGEL ROAD ARNOLD,MO 630103799	501(C)(14)
SAVINGS AND TEMPORARY CASH INVESTMENTS	12-31-2013	3,101,495	BOOK VALUE	43-0663009	ARSENAL CREDIT UNION 3780 VOGEL ROAD ARNOLD,MO 630103799	501(C)(14)
NOTES AND LOANS RECEIVABLE, NET OF ALLOWANCE	12-31-2013	4,346,750	BOOK VALUE	43-0663009	ARSENAL CREDIT UNION 3780 VOGEL ROAD ARNOLD,MO 630103799	501(C)(14)
PREPAID EXPENSES	12-31-2013	17,743	BOOK VALUE	43-0663009		501(C)(14)
LAND, BUILDING AND EQUIPMENT, NET OF ACCUMULATED DEPRECIATION	12-31-2013	314,544	BOOK VALUE	43-0663009		501(C)(14)
NCUSIF DEPOSIT	12-31-2013	77,561	BOOK VALUE	43-0663009		501(C)(14)
ACCRUED INCOME	12-31-2013	14,334	BOOK VALUE	43-0663009		501(C)(14)
OTHER ASSETS	12-31-2013	3,783	BOOK VALUE	43-0663009		501(C)(14)
						Ves No

2 Did or will any officer, director, trustee, or key employee of the organization

Become a director or trustee of a successor or transferee organization?

Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III

 Part I Liquidation, Termination, or Dissolution (continued)

Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		Note. If the organization distributed all of equal -0-	of its assets duri	ng the tax year, then For	m 990, Part X, column (I	B), line 16 (Total asset	s), and line 26 (Total liabilities), sho	ıld	Yes	No
1	3	'	s in accordance	with its governing instrur	ment(s)? If "No," describ	pe in Part III		. 3	Yes	1
Math	4a	_						. 4a	Yes	Ī
5	b								Yes	i i
Section Dut the organization have any tax-exempt bonds outstanding during the year? Comparison Dut the organization disable gradeless all offs tax-exempts bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? Section During the Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization is assets. Comple	5								İ	No
b Dut the organization discharge or defease all of fits tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? 1	6a							. 6a		No
Time	b									Ī
Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part III can be duplicated if additional space is needed. 1 distributed or transaction of paset(s) distributed or part in the organization of the properties of distributed or part in the organization of the properties of distributed or part in the organization of transaction of the properties	С				-					
	Pa							nızatıor	answ	ered
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?	1	distributed or transaction		asset(s) distributed or amount of transaction	determining FMV for asset(s) distributed or		(f) Name and address of recipient	of re tax-ex	cipient(s empt) oi) (ıf r type
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
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Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?										
Did or will any officer, director, trustee, or key employee of the organization Become a director or trustee of a successor or transferee organization?									Voc	No
Become a director or trustee of a successor or transferee organization?	2	Did or will any officer director tricted	orkov omploves	of the organization				<u> </u>	res	1 140
b Become an employee of, or independent contractor for, a successor or transferee organization?				_				 2a		
c Become a direct or indirect owner of a successor or transferee organization?					organization?				+	+
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	_		•		_			• -	+	+
a Reserve, or become entitled to, compensation of other sminar payments as a result of the organization of assets				=		algnificant dianocities			+	+-
					=	=		. <u></u>		

Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Part I, Line 2e	Person(s) Involved MARY KAMENEC, PRESIDENT/TREASURER AND BOB KILLION, BOARD MEMBER
Part I, Line 2e	Explanation of Involvement SUBSEQUENT TO THE MERGER, MARY KAMENEC, PRESIDENT/TREASURER OF SOUTHERN ILLINOIS AREA CREDIT UNION BECAME A BRANCH MANAGER FOR ARSENAL CREDIT UNION BOB KILLION, BOARD MEMBER OF SOUTHERN ILLINOIS AREA CREDIT UNION BECAME A DIRECTOR AND MEMBER OF THE SUPERVISORY COMMITTEE OF ARSENAL CREDIT UNION

Schedule N (Form 990 or 990-EZ) (2013)

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DLN: 93493156000325

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Name of the organization SOUTHERN ILLINOIS AREA CREDIT UNION Employer identification number

37-0525095

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 3	AT THE END OF THE YEAR, SOUTHERN ILLINOIS AREA CREDIT UNION MERGED INTO ARSENAL CREDIT UNION
Form 990, Part VI, Section A, line 2	FRED RANEY, BOARD CHAIRMAN AND TERRY HIME, BOARD MEMBER ARE BROTHERS-IN-LAW
Form 990, Part VI, Section A, line 6	THE CREDIT UNION IS MUTUALLY OWNED BY MEMBERS
Form 990, Part VI, Section A, line 7a	THE BOARD OF DIRECTORS ARE ELECTED BY THE CREDIT UNION MEMBERS
Form 990, Part VI, Section A, line 7b	IN SEPTEMBER 2013, MEMBERS APPROVED THE BOARD'S RECOMMENDATION TO MERGE WITH ARSENAL CREDIT UNION
Form 990, Part VI, Section B, line 11	THE FORM 990 IS REVIEWED BY CREDIT UNION MANAGEMENT BEFORE FILING AND IS AVAILABLE TO THE BOARD MEMBERS FOR REVIEW UPON REQUEST
Form 990, Part VI, Section B, line 15	THE PROCESS FOR DETERMINING COMPENSATION OF THE PRESIDENT IS DECIDED BY A COMPENSATION COM MITTEE AND IS BASED IN PART BY THE RECOMMENDATION OF THE BUDGET COMMITTEE ON AVAILABLE FUN DS TO SPEND ON WAGE CHANGES
Form 990, Part VI, Section C, line 19	QUARTERLY FINANCIAL INFORMATION IS POSTED ON THE NOUA WEBSITE. ALL OTHER DOCUMENTS, POLICIES AND PROCEDURES ARE AVAILABLE UPON REQUEST
Form 990, Part XI, line 9	TRANSFER OF NET ASSETS TO ARSENAL CREDIT UNION PURSUANT TO MERGER -533,688

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493156000325 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Form 990 Page 10 Name(s) shown on return SOUTHERN ILLINOIS AREA CREDIT UNION 37-0525095 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) \cdot · · · · 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · · Carryover of disallowed deduction from line 13 of your 2012 Form 4562 · · · 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2013 · · · · · · 11,269 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L ММ i Nonresidential real 39 vrs property ΜМ Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year 40 yrs ММ S/L Summary (see instructions.) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 22 here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 11,269 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

43 Amortization of costs that began before your 2013 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Form 4562 (2013) Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? (c) (e) (i) (b) Business/ (d) (f) (g) (h) Elected Basis for depreciation Type of property (list Date placed in investment Cost or other Recover Method/ Depreciation/ (business/investment section 179 vehicles first) deduction service basis period Convention use use only) cost percentage 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use 0/0 % 27 Property used 50% or less in a qualified business use S/L-S/L -S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No No Yes Yes No Yes No during off-duty hours? . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization Amortizable Code A mortization for Description of costs amortization period or amount section this year begins percentage 42 A mortization of costs that begins during your 2013 tax year (see instructions)

43

44