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# 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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	or the	2009 calendar		L-01-2009 and ending 12-31-2009	9	I n c	
<b>B</b> Ch	eck ıf a	pplicable Please	I COASI CENTRAL CREDIT ON	ION		D Employer id	dentification number
☐ Ad	dress ch	nange use IR: label o			94-1287157 E Telephone number		
∏ Na	me cha	nge print o	or Doing business as	E leiepnone i	number		
┌ Ini	tıal retu		ic Number and street (or P.O.	ss) Room/suite	(707) 445-8801		
Гте	mınate	Instructions.	C- 2650 HARRISON AVENUE		, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receipt	s \$ 43,488,674
	nended		City or town, state or countr	v. and ZTP + 4		1	
		n pending	EUREKA, CA 95501	,, <u></u> .			
i ~P	plication		N	1 66		ı	
			Name and address of principa AN CHRISTENSEN	lofficer		ıs a group retu ates?	rn for
			50 HARRISON AVENUE			103	, 103 p 100
		=01	REKA,CA 95501		H(b) Are a	ll affiliates inclu	ıded?
	v-even	ont status 🔽 re	01(c) ( 14 ) ◀ (insert no )	17(a)(1) or			t (see instructions)
				17(a)(1) 01   327	H(c) Grou	up exemption r	iumber <b>►</b> 1526
J W	ebsite	e: ► WWW.COA	ASTCCU ORG		<u> </u>		
			poration Trust Association	Other 🟲	L Year of fo	ormation 1950	M State of legal domicile CA
Pa	rt I	Summary					
Governance	1	COAST CENT PROVIDING F		r most significant activities ION IS TO BE THE PRIMARY FIN SERVICES AT COMPETITIVELY			
Ě							
946							
	2		,	ntinued its operations or disposed			: assets
<b>40</b> ርሳ ብ	3			body (Part VI, line 1a)			39
Activities &	4			ne governing body (Part VI, line 1b	))		49
ਬ੍ਰਿ	5		of employees (Part V, line 2a)				<b>5</b> 175
Q.	6		of volunteers (estimate if nece			_	<b>7a</b> 50,340
			related business revenue fron business taxable income from	•		<b>7b</b> -59,058	
	В	Net umerateu i	Dusiness taxable income nom	101111 9 90-1, time 34	Drie	or Year	Current Year
	8	Contributions	and grants (Part VIII, line 1	PIR	лтеаг	0	
₫	9		ice revenue (Part VIII, line 2		32,680,691	31,392,398	
Rayenue	10			, lines 3, 4, and 7d )		12,536,448	12,074,732
Ë	11			s 5, 6d, 8c, 9c, 10c, and 11e)		263,469	10,972
	12		e—add lines 8 through 11 (mu	e			
		12)			45,480,608	43,478,102	
	13		mılar amounts paıd (Part IX, o			133,434	
	14	-		olumn (A), line 4)		17,589,604	13,295,213
Ø.	15	Salaries, othe	er compensation, employee be	nefits (Part IX, column (A), lines 5	5 –	8,830,961	10,749,383
Expenses	16a	•	fundraising fees (Part IX colu	mn (A), line 11e)		2,000,000	0
÷.	ь		expenses (Part IX, column (D), line				
Ω	17	_	ses (Part IX, column (A), lines		24,239,303	10,539,941	
	18		es Add lines 13-17 (must ed		50,659,868	34,717,971	
	19	•		rom line 12		-5,179,260	8,760,131
<u>መ</u>					Beginnin	g of Current	
Net Assets or Fund Balances					_	rear ear	End of Year
8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5 8.5	20		(Part X, line 16)		759,960,207	852,645,505	
98. 18. 18.	21					675,625,911	760,502,934
						84,334,296	92,142,571
Pa	rt II	_					
				mined this return, including accompanying on of preparer (other than officer) is based			
Sigi		*****		-11-15			
Her	е	Signature of o	officer	Date			
			SENIOR VICE PRESIDENT/CFO name and title				
		T Type of print	name and title			1	
_		Preparer's Signature Co	ollın F Buzzell		Check If self-	Preparer's iden (see instruction	tıfyıng number ns)
Paid		J			empolyed 🕨 🦵		· 
	arer's	Firm's name (or y			EIN ▶		
Use	Only	address, and ZIP	+ 4 801 Nicollet Mall Suite 110	-			
			Mınneapolis, MN 55402	Phone no 🕨 (612) 573-8750			
May	the IR	S discuss this i	· · · · · · · · · · · · · · · · · · ·	n above? (see instructions)			▼ Yes

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BE THE PRIMARY FINANCIAL INSTITUTION FOR MEMBERS BY PROVIDING HIGH QUALITY FINANCIAL SERVICES AT COMPETITIVELY FAVORABLE RATES CONSISTENT WITH MAINTAINING FINANCIAL STRENGTH

4e	Total program ser	vice expenses <del> -</del> \$			Form <b>990</b> (2009)
	(Expenses \$	including g	rants of \$	) (Revenue \$	)
4d		rvices (Describe in Schedule C	•		
		e in supporting many local events and community projects each year	activities Over \$200,000 dollar	s is donated to local charitable organiza	tions, scholarships to local high
4c	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	REFINANCE, HOME EQ		MBER BUSINESS LOANS LOAN	JMER PERSONAL, AUTO LOANS, RV LOAI DECISIONS ARE MADE LOCALLY, WITH T	
4b	(Code	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
		s a range of deposit services to its ap n be accessed through our 11 member		hese include savings, checking, money nrough a large network of ATMs	market, and savings certificate
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4	Section 501(c)(3)		id section 4947(a)(1) trus	nree largest program services by sts are required to report the amo am service reported	•
	If "Yes," describe t	hese changes on Schedule O			
3	Did the organizatio	n cease conducting, or make si	gnificant changes in how	t conducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Schedule	0		
2	Did the organizatio the prior Form 990	n undertake any significant pro or 990-EZ?	gram services during the	year which were not listed on	┌ Yes ┌ No

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	<b>Scheuules</b>

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		Νο		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο		
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		Νο		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4				
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 1	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? If "Yes," complete Schedule D, Part III 2	8		No		
9	Did the organization report an amount in Part X, line 21, 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		Νο		
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νo		
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes			
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.					
	◆ 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.					
	◆ 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.					
	◆ 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.					
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.					
	◆ 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? If "Yes," complete Schedule D, Part X.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No					
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional					
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο		
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	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? <i>If "Yes," complete Schedule G, Part I</i>	17		Νο		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "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		N o		
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and 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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	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
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32		32		Νo
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, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

art V	Statements	Regarding	Other 1	IRS Filings	and Tax	Compliance
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			Yes	No
a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 19,005  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
а	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 this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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	103	No
Ь	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	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?	6a		No
Ь	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
•	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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		
	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		
	Section 501(c)(7) organizations. Enter			
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
!a	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			

2650 harrison avenue eureka, CA 95501 (707) 443-1138

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 9			
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		Νo
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 organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	res	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		100	
_	to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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?			
	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 a or b, 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		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a copy of this Form 200 is required to be filed.			
17 18	List the States with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
-0	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orga	ınızatıor	n 🕨
	iames sessa			

## 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Institutional Trustee Individual trustee or director		Officei	Highest compensated employee  Key employee		Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

|--|

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization -8

			Yes	No		
3	Did the organization list any <b>former</b> 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 the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such					
	ındıvıdual	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		

### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation			
ANTHEM BLUE CROSS PO BOX 60000-FILE 2953 SAN FRANCISCO, CA 94160	HEALTH INSURANCE	871,382			
COX RASMUSSEN & CROSS 2830 F STREET EUREKA, CA 95501	MARKETING SERVICES	477,456			
INFO IMAGE 141 JEFFERSON DRIVE MENLO PARK, CA 94025	STATEMENT PROCESSING	400,975			
HARLAND FINANCIAL SERVICES PO BOX 535120 ATLANTA, GA 30353	DATA PROCESSING	322,099			
PITNEY BOWES PO BOX 856056 LOUISVILLE, KY 40285	POSTAGE COSTS	195,000			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►5					

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	orm 990 (2009)									
Part	<b>/</b>	Statement o	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
nts	1a	Federated cam	paigns 1a							
g E E	ь	Membership du	es 1b							
ts, aπ	С		ents 1c							
<u>_</u>	d	Related organiz  Government grants	exations 1d							
ons	e f	_	ons, gifts, grants, and <b>1f</b>							
he ja	`	sımılar amounts no	ot included above							
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f\$	butions included in							
S e	h		s 1a-1f	▶						
<u> </u>				Business Code						
æn	2a	INTEREST ON LOAM	NS	522,100	23,776,466	23,776,466				
æ	ь	DEPOSIT & LOAN S		522,100	6,195,544	6,195,544				
₽	C	ATM & MISC SERV	ICE INC	522,100	1,420,388	1,370,048	50,340			
Š	d									
īan.	e f	All other progra	am service revenue							
Program Service Revenue	'									
	g 3		s 2a-2f		31,392,398					
	3		ome (including dividen ar amounts)	. F	8,426,167			8,426,167		
	4		stment of tax-exempt bond	<b>⊢</b>						
	5	Royalties	<u></u>	▶ [						
			(ı) Real	(II) Personal						
	6а   ь	Gross Rents Less rental	11,500 3,051							
	٠	expenses Rental income	8,449							
	_	or (loss)	·	<u> </u>	8,449			8,449		
	d	Net Tental Incol	me or (loss)  (i) Securities	► (II) O ther	0,113			0,113		
	7a	Gross amount from sales of assets other than inventory	(1) 000 1111100	3,656,086						
	Ь	Less cost or other basis and		7,521						
	c c	sales expenses Gain or (loss)		3,648,565						
	d	Net gain or (los	s)		3,648,565			3,648,565		
<b>A.</b>	8a	Gross income f events (not inc								
Other Revenue		\$	s reported on line 1c)							
jer.	Ь	less directer	a penses b							
₹	_ c		(loss) from fundraising	events 🟲						
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19							
	b c		penses <b>b</b> (loss) from gamıng actı	vities						
	10a	Gross sales of returns and allo								
	ь	Less cost of g	oods sold <b>b</b>							
	С		(loss) from sales of inv							
	11~	Miscellaneous		Business Code 522,100	2,523	2,523				
	11a b	MISC OTHER I	INCOME	322,100	2,323	2,323				
	c									
	d	All other reven	ue							
	e	Total. Add lines	s 11a-11d	· · · [	2,523					
	, ,	Tabel	Coo Instruction	<b>-</b> _	2,323					
	12	iotai revenue.	See Instructions .	· · · [	43,478,102	31,344,581	50,340	12,083,181		

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) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	101,684						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	31,750		•				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	52,733						
4	Benefits paid to or for members	13,295,213						
5	Compensation of current officers, directors, trustees, and key employees	1,250,660						
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	6,009,514						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,937,730						
9	Other employee benefits	1,008,861						
10	Payroll taxes	542,618						
11	Fees for services (non-employees)							
а	Management							
ь	Legal	15,382						
с	Accounting	51,000						
d	Lobbying	·						
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	970,179						
9 12	Advertising and promotion	900,838						
13	Office expenses	2,146,358						
14	Information technology	354,248						
15	Royalties	334,240						
16	Occupancy	006.755						
		906,755						
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	193,999						
19	Conferences, conventions, and meetings							
20	Interest	2,780,985						
20 21	Payments to affiliates	2,760,985						
21 22	Depreciation, depletion, and amortization	679,786						
23	Insurance	123,536						
23 24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	123,330						
а	ALL OTHER EXPENSES	1,416,875						
b								
c								
d								
е								
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	34,717,971						
26	Joint costs. Check here ► ☐ If following SOP 98-2	,,,,,,,						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet					<u> </u>	
					(A)		(B)	
	L				Beginning of year		End of year	
	1	Cash—non-interest-bearing			11,210,771	-	10,421,025	
	2	Savings and temporary cash investments	•			2		
	3	Pledges and grants receivable, net	•			3		
	4	Accounts receivable, net			784,393	4	402,249	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	s, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and				
ssets		Schedule L				6		
	7	Notes and loans receivable, net		399,291,542	7	405,721,184		
SS	8	Inventories for sale or use				8		
۲	9	Prepaid expenses and deferred charges			348,696	9	396,943	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	16,194,319				
	ь	Less accumulated depreciation	10b	7,275,507	9,266,417	10c	8,918,812	
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11			335,190,103	12	418,639,451	
	13	Investments—program-related See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	3,868,285	15	8,145,841			
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			759,960,207	16	852,645,505	
	17	Accounts payable and accrued expenses .	5,178,729	17	4,582,477			
	18	Grants payable		18				
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
Se	21	Escrow or custodial account liability Complete Part IV of Schedul	scrow or custodial account liability					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			54,686,430	23	69,983,132	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			615,757,351	25	685,892,844	
	26	Total liabilities. Add lines 17 through 25			675,625,911	26	760,502,934	
		Organizations that follow SFAS 117, check here ▶ ☐ and comp	olet e l	lines 27				
Ф		through 29, and lines 33 and 34.						
Fund Balance	27	Unrestricted net assets				27		
<u>В</u>	28	Temporarily restricted net assets				28		
됟	29	Permanently restricted net assets				29		
Full		Organizations that do not follow SFAS 117, check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	nd con	nplet e				
or		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0		0	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0		0	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		84,334,296	$\vdash$	92,142,571	
Net	33	Total net assets or fund balances			84,334,296	33	92,142,571	
	34	Total liabilities and net assets/fund balances			759,960,207	34	852,645,505	

### Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

Form **990** (2009)

Software ID: Software Version:

**EIN:** 94-1287157

Name: COAST CENTRAL CREDIT UNION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
<b>(A)</b> Name and Title	(B) A verage hours	that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
RO NALD RUDEBOCK CHAIRMAN	2 00	Χ		Х				0	0	0		
PATRICIA BROWN VICE CHAIRMAN	2 00	Х		Х				680	0	0		
ROBERT GEARHEART TREASURER	2 00	Х		Х				0	0	0		
JOYCE JURY SECRETARY	2 00	X		Χ				0	0	0		
DIANE LEIKER DIRECTOR	1 00	X						0	0	0		
ARNOLD MILLSAP DIRECTOR	1 00	Χ						0	0	0		
SAMUEL WINSTON JR DIRECTOR	1 00	Χ						0	0	0		
NESTOR DOMINGO DIRECTOR	1 00	X						0	0	0		
TOM NOONAN DIRECTOR	1 00	Х						0	0	0		
DENISE JONES DIRECTOR	1 00	X						0	0	0		
BRENDAN MCKENNY DIRECTOR	1 00	X						0	0	0		
KELLY WALSH DIRECTOR	1 00	Χ						0	0	0		
DEAN CHRISTENSEN PRESIDENT/CEO	40 00			Χ				985,970	0	16,693		
JAMES SESSA SVP ADMIN/CFO	40 00			Х				238,473	0	8,844		
DEAN CHARLTON VP MEMBER LOAN SERVICES	40 00					X		318,453	0	9,173		
GLENN POWELL VP INFORMATION SERVICES	40 00					X		169,405	0	8,423		
CHES MEIERDING VP MEMBER SERVICES	40 00					X		158,924	0	8,575		
DENNIS HUNTER VP MARKETING	40 00					X		159,119	0	9,185		
ANN JADRO-BETTIGA VP HUMAN RESOURCES	40 00					Χ		109,291	0	3,085		

DLN: 93493319024430

OMB No 1545-0047

**Political Campaign and Lobbying Activities** 

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Se f <b>th</b>	ection 501(c)(3) organizations tha	t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur s," to Form 990, Part IV, Line 5 (Pro zations Complete Part III	nder section 501(h	)) Complete Part II-B Do	o not	t complete Part	
Na	ame of the organization AST CENTRAL CREDIT UNION			Employer ıd	enti	fication numbe	r
COI	AST CENTRAL CREDIT ONION			94-128715	7		
ar	t I-A Complete if the or	ganization is exempt under s	section 501(c)	or is a section 52	27 c	organizatio	n.
1	Provide a description of the or	ganization's direct and indirect politic	al campaign activ	ities in Part IV			
2	Political expenditures			▶	\$	i	
3	V olunteer hours						
ar	rt I-B Complete if the or	ganization is exempt under s	section 501(c)	(3).			
1	Enter the amount of any excis	e tax incurred by the organization und	er section 4955	<b>•</b>	\$	i	
2	Enter the amount of any excis	<b>1</b> 955 <b>►</b>	\$	i			
3	If the organization incurred a s			☐ Yes	┌ No		
4a	Was a correction made?			☐ Yes	┌ No		
b	If "Yes," describe in Part IV						
ar	rt I-C Complete if the or	ganization is exempt under s	ection 501(c)	except section 5	01(	c)(3).	
1	Enter the amount directly exp	ended by the filing organization for sec	tion 527 exempt	function activities 🕨	\$	;	4,000
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to oth	er organizations f	or section 527	\$	;	
3	Total exempt function expend	tures Add lines 1 and 2 Enter here a	nd on Form 1120-	-POL, line 17b	¢	:	4.000
4	Did the filing organization file	Form 1120-POL for this year?			Ψ	✓ Yes	┌ No
5	were made For each organizate contributions received that we	nd employer identification number (EI tion listed, enter the amount paid from tre promptly and directly delivered to a nittee (PAC) If additional space is ne	the filing organiza separate politica	ation's funds Also ente al organization, such as	r the	amount of po	litical
	<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid fror filing organization's funds If none, enter 0-		(e) A mount o contributions and prompt directly deliv separate programization enter -	received tly and ered to a olitical If none,
CALI	IFORNIA CREDIT UNION LEAGUE	1201 K STREET SUITE 1050 SACRAMENTO,CA 95814	94-2329967	4,00	00		

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1									
f	Lobbying nontaxable amount Enter the amount f									
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000									
	Over \$500,000 but not over \$1,000,000	0								
	Over \$1,000,000 but not over \$1,500,000	000								
	Over \$1,500,000 but not over \$17,000,000	00								
	Over \$17,000,000 \$1,000,000									
		•								
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)								
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(;	a)	(b	)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c	)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\(\( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493319024430

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	al Revenue Service	Attach to Fo	rm 990. 🟲 See separate	inst ruct ions.		Inspec	τιοπ
	me of the organization AST CENTRAL CREDIT UNION				Employer	identification numb	er
CUA	AST CENTRAL CREDIT UNION				94-1287	157	
Pa	rt I Organizations Main			her Similar Fu	inds or A	ccounts. Comple	te if the
	organization answere	d "Yes" to Form 990		a d 6d a	(h) F	nds and other accou	
1	Total number at end of year	-	(a) Donor advis	ed lunds	( <b>D)</b> Fu	nds and other accou	ints
2	Aggregate contributions to (duri	ng year)					
- 3	Aggregate grants from (during y	· · · · · · · · · · · · · · · · · · ·					
4	Aggregate value at end of year	T,					
5	Did the organization inform all d funds are the organization's pro		<del>-</del>		oradvised	☐ Yes	┌ No
6	Did the organization inform all g used only for charitable purpose conferring impermissible private	s and not for the bene	-	-	•	ose <b>Yes</b>	┌ No
Pa	rt III Conservation Ease	<b>nents.</b> Complete i	f the organızatıon an	swered "Yes" to	Form 990	, Part IV, line 7.	
2	Purpose(s) of conservation ease Preservation of land for pub Protection of natural habita Preservation of open space Complete lines 2a-2d if the org easement on the last day of the	lic use (e g , recreatio t anization held a qualif	on or pleasure)	reservation of an reservation of a c	ertified histo		e a
					He	eld at the End of the	Year
а	Total number of conservation ea	sements			2a		
b	Total acreage restricted by con-	servation easements			2b		
c	Number of conservation easeme	ents on a certified hist	oric structure included	ın (a)	2c		
d	Number of conservation easeme	ents included in (c) ac	quired after 8/17/06	L	2d		
3	Number of conservation easeme	ents modified, transfer	red, released, extinguis	hed, or terminate	d by the orga	anızatıon durıng	
	the taxable year ►	<u> </u>					
4	Number of states where propert	y subject to conservat	tion easement is locate	d <b>►</b>			
5	Does the organization have a wr enforcement of the conservation		the periodic monitoring	, inspection, hand	ling of violat	tions, and <b>ryes</b>	┌ No
6	Staff and volunteer hours devote	ed to monitoring, inspe	ecting and enforcing co	nservation easem	ents during t	the year ►	
7	A mount of expenses incurred in	monitoring, inspectin	g, and enforcing conser	vation easements	during the y	/ear 🟲 \$	
8	Does each conservation easem 170(h)(4)(B)(ı) and 170(h)(4)(E		(d) above satisfy the rea	quirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the o balance sheet, and include, if ap the organization's accounting fo	plicable, the text of th	ne footnote to the organ				
Par	<b>rt IIII Organizations Main</b> Complete if the organ	taining Collection Ization answered "`	n <mark>s of Art, Historica</mark> Yes" to Form 990, Pa	<b>Il Treasures, o</b> ert IV, line 8.	or Other S	Similar Assets.	
1a	If the organization elected, as p art, historical treasures, or othe provide, in Part XIV, the text of	r sımılar assets held f	for public exhibition, edi	ucation or researc	h ın furthera		е,
b	If the organization elected, as p historical treasures, or other sir provide the following amounts re	nılar assets held for p					
	(i) Revenues included in Form 9	90, Part VIII, line 1			ı	<b>►</b> \$	
	(ii) Assets included in Form 990	), Part X				<b>-</b> \$	
2	If the organization received or h following amounts required to be				r fınancıal ga	ain, provide the	

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

ar	Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easur	es, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing th	at are	a significa	nt u	se of its co	llection	ו	
а	Public exhibition		d	$\Gamma$	Loan or	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's content XIV	ollections and expla	aın hov	v the	y further	the or	ganızatıon	's ex	empt purpo	ose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than								ılar	Г	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to For	m 990	),	
	Part IV, line 9, or reported an ar		•		•							
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons or	other ass	ets r	not	Γ	Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	able		_	I				
_							-	_		A mou	ınt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance							<b>1</b> f				
а	Did the organization include an amount on F	orm 990, Part X, lın	e 21?							굣	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete											
	D	(a)Current Year	(b)	Prior \	rear	(c)Two	Years Back	(d)	Three Years B	ack (e	)Four Ye	ears Back
3	Beginning of year balance									+		
b	Contributions									_		
c	Investment earnings or losses									_		
d	Grants or scholarships									_		
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
_	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment	%										
_	Permanent endowment > %											
b		•										
c a	Term endowment  %  Are there endowment funds not in the posse	ccion of the organiz	ation	that s	ro bold :	and ad	ministoro	d for	tho			
a	organization by	ssion of the organiz	ation	tilat t	ire neiu e	and ad	iiiiiii steret	1 101	tile		Yes	No
	(i) unrelated organizations								[	3a(i)		
	(ii) related organizations								[	3a(ii)		
b	If "Yes" to 3a(II), are the related organization							•		3b		
	Describe in Part XIV the intended uses of th					_						
a I	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 99	<u>0, Par</u>	t X, line	10.				
	Description of investment				) Cost or o is (investm		( <b>b)</b> Cost or o basis (othe		(c) Accumu depreciat		( <b>d)</b> Bo	ok value
а	Land						973	,859				973,859
b	Buildings		•				8,083	,058	1,7	62,640	i	6,320,418
c	Leasehold improvements						623	,335	5	65,588		57,747
d	Equipment						1,666	,920	1,1	40,474		526,446
e	Other						4,847	,147	3,8	06,805		1,040,342

8,918,812

Part VII Investments—Other Securities. See  (a) Description of security or category	Form 990, Part X, line 12 T		-6 h
(including name of security)	(b)Book value		of valuation year market value
Financial derivatives			
Closely-held equity interests			
Other SECURITIES AVAILABLE FOR SALE	117,134,270		F
US TREASURY BILLS	7,987,854		C
FHLB STOCK	3,366,100		F
FHLB DAILY	282,942		F
CORPORATE INVESTMENTS	288,579,285		F
SIMPLE CD DEPOSITS	1,289,000		С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	, ,	_	
Part VIII Investments—Program Related. See			of valuation
(a) Description of investment type	(b) Book value		year market value
Tatal (Column /h) chould agual Form 990, Part V, col /P) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line	e 15.		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin			( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE	5.) , line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464	<b>F</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  DIVIDENDS PAYABLE  WORK IN PROCESS	5.) , line 25. (b) Amount 475,595 1,063,464		(b) Book value

-	l otal revenue (Form 990, Part VIII, column (A.), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	_	
b	Donated services and use of facilities		
c	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV) 2d	_	
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	_	
b	Other (Describe in Part XIV)	_	
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	. 5	
	t XIV Supplemental Information		
Con	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	Part IV. lines 1b and 2	b.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
Part IV, Line 2b		THE CREDIT UNION ACTS AS CUSTODIAN ON BEHALF OF ITS MEMBER'S escrowed funds, which are utilized to pay taxes and insurance on behalf of its members
	Positions Under FIN 48	MANAGEMENT IS CURRENTLY ASSESSING THE IMPACT OF FIN48 ON ITS FINANCIAL POSITION AND RESULTS OF OPERATIONS AND HAS NOT YET DETERMINED IF THE ADOPTION OF FIN48 WILL HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS

Schedule I (Form 990)

### **Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

OMB No 1545-0047

DLN: 93493319024430

**Inspection** 

Department of the Treasury Internal Revenue Service

Name of the organization COAST CENTRAL CREDIT UNION Employer identification number

94-1287157

Part I General Inform	nation on Grants	and Assistance					
<ol> <li>Does the organization mai the selection criteria used</li> <li>Describe in Part IV the org</li> </ol>	to award the grants o	rassistance?					F Yes ⊢ No
Form 990, Part I\	/, line 21 for any re	Governments and ecipient that received ) if additional space is	more than \$5,000.	Check this box if n	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIEND OF THE MCKINLEYVILLE LIBRARY PO BOX 2612 MCKINLEYVILLE, CA 95519	680339478	501(C)(3)	7,000		fmv		library assistance
REDWOOD COMMUNITY ACTION904 G STREET EUREKA,CA 95501	942646370	501(C)(3)	10,000		fmv		social services
AMERICAN RED CROSS406 11ST STREET EUREKA,CA 95501	941322159		5,000		fmv		sponsor disaster preparedness workshops
TRINIDAD MUSEUM SOCIETYPO BOX 1126 TRINIDAD,CA 95570	680042645	501(C)(3)	10,000		fmv		museum grant
HUMBOLDT BOTANICAL GARDENSPO BOX 6117 EUREKA,CA 95502	680243631	501(C)(3)	9,684		fmv		community gardens grant
ST JOSEPH HOSPITAL2700 DOLBEER STREET EUREKA,CA 95501	941156596	501(C)(3)	25,000		fmv		medical grant
EUREKA STATE PARK531 K STREET EUREKA,CA 95501	946000328		25,000		fmv		to construct a community skate park
AREA 1 AGENCY ON AGING 3300 GLENWOOD EUREKA,CA 95501			10,000		fmv		to provide classes and other services for seniors and the disabled

2	Enter total number of section $501(c)(3)$ and government organizations .																				 ▶	8	3
3	Enter total number of other organizations	_	_	_	_	_	_	_	_	 _	_	_	_	_	_	_	_	_	 _	_	•	0	)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
COLLEGE SCHOLARSHIPS	33	31,750			
See Addıtıonal Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Ident if ier	Return Reference	Explanation							
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 FUNDS ARE SENT TO THE FINANCIAL AID OFFICES OF THE COLLEGES THE STUDENTS WILL BE ATTENDING IF THE STUDENTS DO NOT ACTUALLY ENROLL, THE COLLEGES RETURN THE FUNDS TO THE CREDIT UNION							

DLN: 93493319024430

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization COAST CENTRAL CREDIT UNION

94-1287157 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4ь Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? 6b If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DEAN CHRISTENSEN	(ı) (ıı)	390,866 0	184,325 0	410,779 0	9,154 0	7,539 0	1,002,663	
JAMES SESSA	(ı) (ıı)	195,149 0	36,000 0	7,324 0	1,305 0	7,539 0	247,317 0	
DEAN CHARLTON	(ı) (ıı)	146,712 0	162,200 0	9,541 0	1,634 0	7,539 0	327,626 0	
GLENN POWELL	(ı) (ıı)	146,905 0	22,500 0	0	884 0	7,539 0	177,828 0	
CHES MEIERDING	(ı) (ıı)	126,234 0	32,690 0	0	1,036 0	7,539 0	167,499 0	
DENNIS HUNTER	(ı) (ıı)	126,399 0	32,720 0	0	1,646 0	7,539 0	168,304 0	

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier Ret urn Ref erence	Explanat ion
Part I, Line 1	Travel Board members can take a guest on up to two conferences per year. The guest expenses paid by the credit union should be reported as taxable income by the Board member. Membership dues. The credit union pays for management employees' dues to service clubs such as Rotary, Kiwanis, etc., for educational, networking, and community service purposes.
Part I, Line 4	Dean Christensen participated in a non-qualified 457f retirement plan during 2009, the plan distributed \$200,000 and a contribution of \$150,000 was made to the plan
Supplemental Information Part III	compensation Related Disclosures Coast Central Credit Union retained McGladrey, a national accounting and consulting firm, to conduct a comprehensive study of the reasonableness of the total compensation package provided to the President and CEO, Dean Christon in the study concentrated against appropriate comparable data. The study concluded that the total economic benefit provided to the President/CEO is reasonable Explanation of viorus forms of economic benefit provided to key persons of Coast Test is provided below Schedule 3-1 Explanation of "Bonus & Incentive Compensation". The credit union has two incentive compensation plans, an annual incentive compensation plans, an annual incentive compensation plans, an annual incentive compensation is a long-term deferred incentive compensation in the religible some management of as are established by the credit union for each of these plans it to provide incentive and rewards to employees for achieving results that improve and strengthen the credit union. The goals are established by the credit union of the cach of these plans at the beginning of the menutive plan prepared for the annual plan, apposits are made to participate and an advantage of the services of the present of the annual plans, and the present of the annual plans of the services of the present of the annual plans and the present

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As Filed Data -

DLN: 93493319024430

**SCHEDULE 0** (Form 990)

Department of the Treasury

**Supplemental Information to Form 990** 

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

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

Name of the organization COAST CENTRAL CREDIT UNION

14 - - 4:6: - -

**Employer identification number** 

94-1287157

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The credit union's members have rights to elect the members of the governing body. The credit union's members also receive a share of the organization's profits in the form of cash dividends.
Form 990, Part VI, Section A, line 7a		Members of the credit union have the right to elect one or more members of the organization's governing body, whether periodically, or as vacancies arise, or otherwise
Form 990, Part VI, Section A, line 7b		Members of the credit union have the right to approve the governing body's election and removal of members of the governing body, as well as other matters that are subject to the approval of members of the credit union as they occur
Form 990, Part VI, Section B, line 11		THE ACCOUNTING DEPARTMENT PREPARES THE INFORMATION WHICH IS THEN REVIEWED BY SENIOR MANAGEMENT A COPY OF FORM 990 WILL BE PRESENTED TO THE BOARD PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		THE CREDIT UNION HAS A CONFLICT OF INTEREST POLICY FOR ITS STAFF AND OFFICIALS, AND IS EXPANDING IT TO COVER THE BOARD OF DIRECTORS CONFLICT OF INTEREST BY EMPLOYEES WHEN HANDLING MEMBER ACCOUNTS IS MONITORED BY THE COMPUTER BOARD MEMBERS CANNOT VOTE ON MATTERS WHERE THERE IS A CONFLICT OF INTEREST
Form 990, Part VI, Section B, line 15		ANNUALLY DURING THE BUDGET PROCESS, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION RANGES FOR EACH POSITION THESE RANGES ARE DEVELOPED BY THE HUMAN RESOURCES DEPARTMENT USING COMPARABLE DATA SPECIFIC TO THE CREDIT UNION INDUSTRY THE CEO SALARY IS BY CONTRACT AND REVIEWED BY THE BOARD OF DIRECTORS
Form 990, Part VI, Section C, line 19		FINANCIAL STATEMENTS ARE POSTED IN THE LOBBIES OF ALL OFFICES ALL OTHER REQUESTS MUST BE PRESENTED IN WRITING TO THE BOARD OF DIRECTORS
or Paperwork Reduction	on Act Notice, see the	Instructions for Form 990 Cat No 51056K Schedule O (Form 990) 200

Eumlan ation

### Split Dollar Nonrecourse Loan Representation Made Pursuant to Treasure Regulation Section 1.7872-15(d)(2)(i)

Borrower Name: Dean G. Christensen

TID# 529-60-2451

Address: 7061 Linda Road

Eureka, CA 95503

Lender Name: Coast Central Credit Union

TID# 94-1287157

Address: 2650 Harrison Avenue

Eureka, CA 95501

The above named Borrower and Lender are parties to that certain Split Dollar Insurance Agreement, originally entered into effective December 1, 1994, as amended (the "Agreement"). Whereas the Agreement was previously grandfathered under Internal Revenue-Service Notice-2002-8 and was converted to the "loan structure" pursuant to such Notice effective January 1, 2004, but has been materially modified to extend the term thereof effective November 23, 2009, now, therefore, the parties hereby represent that as of the date of the material modification of the Agreement, a reasonable person would expect that all payments due under such loan Agreement will be made.

IN WITNESS WHEREOF, the parties hereto have executed this Representation as of November 23, 2009.

**BORROWER** 

By: Dean G. Christenson

LENDER

Coast Central Credit Union

By: Ron Rudebock

Title: Chairman of the Board