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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 F	or the	2009 cale	ndar yea		g 01-01-2009	and ending 12-31-200	09	<b>-</b>		
			lease	C Name of organization PACIFIC MARINE CRED	IT UNION			D Employer i	dentification numbe	r
☐ Ad	ldress cl	nange	se IRS abel or	Doing Business As	95-1820763 E Telephone number					
∏ Na	ame cha		rint or ype. See	PACIFIC MARINE CRED	IT UNION			Lifelephone	number	
∏ In	ıtıal retu	ırn S	pecific nstruc-		PO box if mail is	s not delivered to street addr	ess) Room/suite	<b>G</b> Gross recein	ots \$ 39,365,771	
Te	mınate	ed ti	ons.	MCX COMPLEX				d dioss receip		
☐ An	nended	return		City or town, state or co		- 4		1		
┌ Ap	plication	n pending		CAMP PENDLETON, CA	92055					
			<b>F</b> Nam	ne and address of prin	cıpal officer		<b>H(a)</b> Is th	■ nis a group reti	urn for	
				L DAVIS OMPLEX				ates?	┌ Yes ┌	No
				PENDLETON, CA 92	055		H(h) Are a	all affiliates incl	uded? ✓ Yes	
									st (see instruction	
I Ta	ax-exen	npt status	<b>√</b> 501(c)	(14) ◀ (insert no )	4947(a)(1) or	<b>527</b>		up exemption		•
J W	/ebsit	e: 🕨 WWWI	рмсисс	М						
<b>K</b> For	rm of or	rganization 🔽	Corporat	ion Trust Association	Other 🕨		l Year of f	ormation 1952	M State of legal domi	cile CA
	rt I	Summa	-	ion i mase i Association	11 Other F		E rear or r	offination 1932	11 State of legal domin	- Crit
				e organization's missi	on or most sig	nıfıcant actıvıtıes				
					•	CKTHEN KNOWN AS				N)HAS
æ		CALIFOR		HE FINANCIAL NEEL	JS OF MARIN	E SAILORS AND CIVI	LIAN EMPLO	YEES LIVING	IN SOUTHERN	
ĕ										
Ë										
Governance		Charle than		6 kb			J . 6 bl	250/ -6-6-	h h -	
			•			operations or dispose				0
Activities &	3		-	_		t VI, line 1a)			3	9
Ě	4		•	_	_	ng body (Part VI, line 1	D)	•	4	
ig S	5			nployees (Part V, line					5	330
q,	6			lunteers (estimate if r					6	0
				ted business revenue ness taxable income 1		I, column (C), line 12	• •		7a 7b	
	B	Net unitera	iteu busi	ness taxable income i	ITOIN FOIN 990	)-1, lille 34	D.::		ī	
		C +	<b>.</b>				Pri	or Year	Current Year	0
<u>o</u>	8			l grants (Part VIII, lir		•	16.010.030	10.60		
Revenue	9			revenue (Part VIII, lir			16,919,929		3,161	
Ě	10 11			ne (Part VIII, column art VIII, column (A),		, and 7d)	•	10,025,635		9,244
	12		•	dd lines 8 through 11		10	14,246,394	15,05	3,300	
	12			· · · · · ·				41,191,958	39,36	5,771
	13					), lines 1-3 )				0
	14	Benefits	paid to o	r for members (Part I	X, column (A),	line 4)				0
ø	15		otherco	mpensation, employe	e benefits (Pa	rt IX, column (A), lines	5 –	0.022.042	11.60	0.002
Expenses		10)		6 (5 1.7)		4.4. \		9,833,043	11,60	
₫	16a			raising fees (Part IX,		ne 11e)				0
ቯ	b			enses (Part IX, column (D)	· · · · · · · · · · · · · · · · · · ·					
	17					, 11f-24f)	•	27,129,713		
	18	•		•	•	X, column (A), line 25)		36,962,756		
. 07	19	Revenue	less exp	enses Subtract line :	18 from line 1.	2		4,229,202	-4,90	0,449
\$ 0 0 0 0							_	ng of Current Year	End of Year	
Net Assets or Fund Balances	20	Total ass	sets (Par	t X, line 16)				535,494,240	652,85	2,971
뚪	21			Part X, line 26)				453,762,351		
훘	22		-	d balances Subtract				81,731,889	· · ·	
Pa	rt III	_	ure Blo					,,		
		_			examined this re	eturn, including accompanyin	g schedules and	statements, and t	o the best of my know	ledge
		and belief,	it is true, o	correct, and complete Dec	laration of prepai	er (other than officer) is bas	ed on all informa	tion of which prep	parer has any knowledg	je
Sia	n									
Sign Here		Signatu	re of office	er			Date	0-08-13		
		DAVID I	DAVAC DD	ESIDENTOEO						
			_ DAVIS PR r print nam	ESIDENTCEO e and title						
		Dropper				Date	Check If	Preparer's ide	ntıfyıng number	
Paid	l	Preparer's signature					self-	(see instructio		
	arer's	<u>'</u>					empolyed 🕨			
	oarer s Only	ıf self-empl	oyed),	` <b>-</b>				EIN 🕨		
- J J C	Unity	address, an	d ZIP + 4	F' -				Dhama		
								Phone no 🕨		
Мау	the IR	RS discuss t	this retui	rn with the preparer sh	nown above? (	see instructions)			┌Yes ┌No	

# Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PMCU PROVIDES AN EXTENSIVE MENU OF FINANCIAL SERVICES TO MEET THE NEEDS OF OUR MEMBERS WE ARE DIFFERENT FROM A BANK IN ONE IMPORTANT WAY PMCU IS A NOT-FOR-PROFIT ORGANIZATION CONROLLED BY ITS MEMBERS

2	Did the organization u the prior Form 990 or		. •	•	r which were not listed on	□ Yes ▽ No		
	If "Yes," describe thes					, 122 , 112		
3	Did the organization c		-	t changes in how it co	nducts, any program	┌ Yes ┌ No		
	If "Yes," describe thes	se changes on Sched	lule O					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported							
4a	(Code	) (Expenses \$	5,838,169	ıncludıng grants of \$	) (Revenue \$	)		
	DIVIDENDS PAID TO MEM	BERS						
4b	(Code	) (Expenses \$	10,836,676	ıncludıng grants of \$	) (Revenue \$	)		
	SALARIES AND BENEFITS	PAID TO STAFF						
4c	(Code	) (Expenses \$	7,368,870	ıncludıng grants of \$	) (Revenue \$	)		
	PROVISION FOR LOAN LO	SSES						
	(Code	) (Expenses \$	20,222,505	ıncludıng grants of \$	) (Revenue \$	)		
	Other program service	ces (Describe in Sc	hedule O )					
	(Expenses \$	ınc	luding grants of	f\$	) (Revenue \$	)		
4e	Total program service	e expenses►\$	44,266,22	0				
						Form <b>990</b> (2009)		

			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		Νo
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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? If "Yes," complete Schedule C, Part II	4		No
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		Νo
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 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? <i>If "Yes," complete Schedule D, Part II</i>	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	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		No
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		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI , VII , VIII , IX , or X as applicable	11	165	<u> </u>
	◆ 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	Yes	
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 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? If "Yes," complete Schedule F, Part II	15		No
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? If "Yes," complete Schedule G, Part 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? 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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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		Νo
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		Νο
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		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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		Νο
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		Νo
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	Yes	
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			
		28a		Νo
	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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		Νο
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		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	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>1a</b> 13			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	<b>Note:</b> 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	
<b>-</b>	,			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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		Νο
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 55		
_	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
d	file Form 8282?	7c		
_				
e	Did the organization, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	/ 11		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	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			
11	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			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

CAMP PENDLETON, CA 92055

(760) 430-7511

**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	ction A. Governing Body and Management				
			Yes	No	
1a	Enter the number of voting members of the governing body				
b	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		No	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο	
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		Νo	
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	Yes		
	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		Νo	
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			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		N o	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			140	
12a	a Does the organization have a written conflict of interest policy? If "No," go to line 13				
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes		
c	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?				
а	The organization's CEO, Executive Director, or top management official	15a	Yes		
ь	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		No	
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			
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶CA				
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 make these available. Check all that apply				
19	Own website Another's website Vupon request  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	ınızatıoı	n 🕨	
	PMCU MCX COMPLEX	-			

# 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	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
See add'l data										

	<del>-</del>
lb Total	 871,079

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►6

			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 I for such individual	3	165	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

## **Section B. Independent Contractors**

1 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	<b>(C)</b> Compensation
THE LOVECCHIO AGENCY	Description of services	Compensation
4594 CALLE DE VIDA	ADVERTISING	991,131
SAN DIEGO, CA 92124		
CLAYCO	CENTERAL CONTRACTOR	661.053
2199 INNERBELT BUSINESS CENTER DR ST LOUIS, MO 63114	GENERAL CONTRACTOR	661,953
PACIFICARE		
	HEALTH INSURANCE	825,085
LOS ANGELES, CA 90088		
ZDI 13200 DANIELSON ST STE A	STATEMENT PROCESSING	599,247
POWAY, CA 92064	Similar i Rocessino	333,217
PM SYSTEMS CORP		
PO BOX 459 CHAPIN, SC 29036	INTERNET BANKING SERVICES	449,043
,		
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 ▶26		

Form 99	•	•					Page <b>9</b>
	<b>/</b>	Statement of 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
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
gra our	ь	Membership dues	1b				
ts, g	С	Fundraising events	1c				
∄g≝ ≣	d	J	1d				
ns, si⊞	e		1e				
utio	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
tri∌ o#b	g	Noncash contributions included in					
Son and	h	Innes 1a-1f \$  Total. Add lines 1a-1f	▶				
			Business Code				
Program Service Revenue	2a	INTEREST INCOME	522,130	18,693,161			
eve Fe	ь		,				
e e	с						
er vi	d						
ج ج	e						
្នាធ	f	All other program service revenue					
₹	g	Total. Add lines 2a-2f		18,693,161			
	3	Investment income (including divid					
		and other similar amounts)		5,619,244			
	4	Income from investment of tax-exempt bo	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	<del> </del>				
	6a	(ı) Real Gross Rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
	d	or (loss)  Net rental income or (loss)					
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)	▶				
o	8a	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c	,				
₹ev		See Part IV, line 18	,				
<u> </u>			а				
Ě	b c	Less direct expenses Net income or (loss) from fundraising	b				
•	9a	Gross income from gaming activitie					
		See Part IV, line 19	a				
	ь	Less direct expenses	ь				
	с 10а	Net income or (loss) from gaming and Gross sales of inventory, less	ctivities				
		returns and allowances . a					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of i					
	11a	Miscellaneous Revenue FEE INCOME	Business Code 522,130	9,069,548			
	ь	OTHER INCOME	522,130	1,284,495			
	c	VISA INTERCHANGE INCOME	522,130	4,699,323			
	d	All other revenue					
	e	Total. Add lines 11a-11d		15,053,366			
	12	Total revenue. See Instructions .		, ,	_	_	
	ı			39,365,771	0	0	0

	IX Statement of Functional Expenses				
_	Section 501(c)(3) and 501(c)(4) organizations mus			(D)	
	ll other organizations must complete column (A) but are not required to c		s (B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	871,079			
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	8,574,244			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	431,546			
9	Other employee benefits	959,807			
10	Payroll taxes	773,207			
11	Fees for services (non-employees)				_
а	Management	92,085			
b	Legal	30,818			
С	Accounting	126,690			
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	960,532			
12	Advertising and promotion	1,417,214			
13	Office expenses	4,183,123			
14	Information technology	195,939			
15	Royalties				
16	Occupancy	1,443,710			
17	Travel	79,944			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	111,194			
20	Interest	552,618			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,017,351			
23	Insurance	717,240			
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)				
а	ASSOCIATION DUES	79,503			
ь	PROVISION FOR LOAN LOSSES	7,368,870			
с	LOAN SERVICING	2,586,307			
d	DIVIDENDS	5,838,169			
e	LOSS ON INVESTMENT	5,286,502			
f	All other expenses	568,528			
25	Total functional expenses. Add lines 1 through 24f	44,266,220	0	0	0
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				

2 Savings and temporary cash investments	Pa	rt X	Balance Sheet					
2 Savings and temporary cash investments								• •
A   Accounts receivable, net   A   A   Accounts receivable, net   A   A   A   A   A   A   A   A   A		1	Cash—non-interest-bearing			6,674,596	1	9,839,599
4 Accounts receivable, net		2	Savings and temporary cash investments			43,379,839	2	50,871,497
Securables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		3	Pledges and grants receivable, net				3	
highest compensated employees Complete Part II of Schedule L   S   S		4	Accounts receivable, net				4	
Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L		5		s, key	employees, and			
## Persons described in section 4958(c)(3)(8) Complete Part II of Schedule L			Schedule L				5	
Notes and loans receivable, net   242,996,959 7   283,850,259		6	· · · · · · · · · · · · · · · · · · ·		n 4958(f)(1)) and			
100			Schedule L				6	
10a	ets	7	Notes and loans receivable, net			242,906,959	7	283,850,256
10a	Š	8	Inventories for sale or use				8	
10a	⋖	9	Prepaid expenses and deferred charges			705,536	9	730,769
11		10a	Land, buildings, and equipment cost or other basis Complete	10a	15,557,663			
12   Investments—other securities   See Part IV, line   1   280,000   12   280,000   13   1   1   220,286,502   13   283,474,000   14   14   14   14   14   14   15   15		b	Less accumulated depreciation	10b	11,933,923	3,232,537	10c	3,623,740
13   Investments—program-related See Part IV, line 11   220,286,502   13   283,474,000     14   Intangible assets   14		11	Investments—publicly traded securities				11	
13   Investments—program-related See Part IV, line 11   220,286,502   13   283,474,000     14   Intangible assets   14		12	Investments—other securities See Part IV, line 11			280,000	12	280,000
15  Other assets See Part IV, line 11		13				220,286,502	13	283,474,000
16 Total assets. Add lines 1 through 15 (must equal line 34)		14	Intangible assets				14	
16 Total assets. Add lines 1 through 15 (must equal line 34)		15	Other assets See Part IV, line 11			18,028,271	15	20,183,110
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)			535,494,240	16	652,852,971
19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   21   21   22   22   23   22   24   22   23   24   23   24   24		17	Accounts payable and accrued expenses .			8,486,312	17	108,808,131
20 Tax-exempt bond liabilities		18	Grants payable				18	
21 Escrow or custodial account liability Complete Part IV of Schedule D		19	Deferred revenue				19	
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities				20	
23 Secured mortgages and notes payable to unrelated third parties	<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
23 Secured mortgages and notes payable to unrelated third parties		22						
24 Unsecured notes and loans payable to unrelated third parties	===		persons Complete Part II of Schedule L				22	
25 Other liabilities Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third parties				23	
26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated third parties				24	
Organizations that follow SFAS 117, check here F and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		25	Other liabilities Complete Part X of Schedule D			445,276,039	25	467,213,401
through 29, and lines 33 and 34.  27 Unrestricted net assets		26	Total liabilities. Add lines 17 through 25			453,762,351	26	576,021,532
Permanently restricted net assets	S D		·	let e li	ines 27			
Permanently restricted net assets	Ĕ	27					27	
Permanently restricted net assets	<u>15</u>							_
Ilines 30 through 34.  30 Capital stock or trust principal, or current funds	=							
Ilines 30 through 34.  30 Capital stock or trust principal, or current funds	Η		,	d com	nplet e			_
30 Capital stock or trust principal, or current funds	<u>-</u>		•					
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds				30	
33 Total net assets or fund balances	ŠĘ	31	Paid-in or capital surplus, or land, building or equipment fund				31	
33 Total net assets or fund balances	Ą	32	Retained earnings, endowment, accumulated income, or other fu	ınds		81,731,889	32	76,831,439
<b>34</b> Total liabilities and net assets/fund balances		33	Total net assets or fund balances			81,731,889	33	76,831,439
	Z	34	Total liabilities and net assets/fund balances			535,494,240	34	652,852,971

# 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		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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  Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		No

Form **990** (2009)

DLN: 93493228021070

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** PACIFIC MARINE CREDIT UNION 95-1820763 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.		,	
		(a) Donor advised funds	(	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the o		or advı	rsed <b>Yes No</b>	>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	5 5	•		<b>&gt;</b>
Pa	t III Conservation Easements. Complete	if the organization answered "Yes" to	o Form	n 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of a c	ertified	ically importantly land area d historic structure onservation	
	easement on the last day of the tax year	r			_
				Held at the End of the Year	4
а	Total number of conservation easements		2a		4
Ь	Total acreage restricted by conservation easements		2b		4
с	Number of conservation easements on a certified his	` ′	2c		$\dashv$
d	Number of conservation easements included in (c) ac	equired after 8/1 //06	2d		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by th	ne organization during	
	the taxable year 🛌				
4	Number of states where property subject to conserva	ition easement is located 🛌			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	fviolations, and <b>Yes No</b>	<b>)</b>
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	uring the year ►	_
7	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	during	g the year ► \$	_
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	(d) above satisfy the requirements of sec	tion	Γ Yes Γ No	<b>,</b>
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial			
Par	Complete if the organization answered "		or Otl	her Similar Assets.	
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	h ın fu		
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	_
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	_
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		r finan	cial gain, provide the	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$	_
Ь	Assets included in Form 990, Part X			<b>►</b> \$	_

Pari	<b>TIT</b> Organizations Maintaining Co	<u>llections of Ar</u>	t, His	tori	<u>cal Trea</u>	<u>asure</u>	es, or O	<u>the</u>	<u>r Similar As</u>	ssets	(con	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing tha	it are a	a significa	int u	se of its collec	tıon		
а	Public exhibition		d	$\vdash$	Loan or	excha	nge progr	ams				
b	Scholarly research		e	$\Gamma$	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	/ further t	:he org	anızatıon	's ex	cempt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	┌ Ye:	s	– <sub>No</sub>
Par	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form 9	990,		
	Part IV, line 9, or reported an an		-									
	Is the organization an agent, trustee, custod included on Form 990, Part X?					ns or	other ass	ets	not	┌ Ye	s [	No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ing ta	able		Г		_			
_							-		Ai	nount		
C _	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lır	ne 21?							☐ Ye	; [	No
	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete	<pre>if the organizatio     (a)Current Year</pre>		Were Prior \			<u>rm 990,</u> ⁄ears Back		t IV, line 10. Three Years Back	(a)For	ır Vos	ırs Back
1a	Beginning of year balance	(a)Curient rear	(6)	JETIOI	rear (	CJIWO	icais back	(u)	Tillee Teals back	(e)i oi	11 164	IIS Dack
ь	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	zation	that a	re held a	nd adr	nınıstered	d for	the			
	organization by  (i) unrelated organizations								3a		es	No
	(ii) related organizations			•		•		•	3a	-	+	
ь	If "Yes" to 3a(II), are the related organization			ched	ule R?			٠.			+	
4	Describe in Part XIV the intended uses of th									I		
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990	), Par	t X, lıne	10.				
	Description of investment				) Cost or ot is (investm		<b>b)</b> Cost or o basis (othe		(c) Accumulated depreciation	(d)	) Book	c value
1a	Land				92	2,026		$\neg$				92,026
b	Buildings				2,159	9,948		$\dashv$	1,631,21	.6		528,733
с	Leasehold improvements				2,488	3,154		$\neg$	1,880,07	'1		608,083
d	Equipment				10,817	7,535		$\dashv$	8,422,63	36	2,	394,898
e	Other											

3,623,740

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of one of your market value
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )		
Part VIII Investments—Program Related. See	e Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
CERTIFICATES OF DEPOSIT	90,000,000	F
BANK AND CU CERTIFICATES	93,474,000	F
WESCORP SIP NOTE	100,000,000	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	283,474,000	
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	
(a) Descrip	tion	(b) Book value
ACCRUED INTEREST ON LOANSVISA		1,230,443
ACCRUED INTEREST ON INVESTMENTS		655,573
DEPOSIT NCUSIF		4,665,418
WORKERS COMPENSATION FUNDDEPOSIT		333,717
CONSTRUCTION IN PROGRESS		12,327,271
ATM DEPOSITORY		89,223
FSCCCOOP DIVIDEND RECEIVABLE		823,209
OTHER ASSETS		58,256
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
SHARES	61,997,350	
MONEY MARKET SHARES	132,282,035	
SHARE DRAFTS	92,393,235	
DIVIDEND SHARE DRAFT	34,027,337	
CERTIFICATES	120,176,934	
IRA SHARES	4,135,136	
IRA MONEY MARKET SHARES	2,655,218	
IRA CERTICATES	19,546,156	
IM SERIIONIES	19,540,150	
Total (Column (h) chould agreed form 2000 Port V = 1/20 1 = 25		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	467,213,401	

Part	XI Reconciliation of C	hange in Net Assets from For	m 990	to Fir	<u>nancial Stateme</u>	nts	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)				1	39,365,771
2	Total expenses (Form 990, Par	rt IX, column (A), line 25)				2	44,266,220
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-4,900,449
4	Net unrealized gains (losses) o	n investments				4	
5	Donated services and use of fa	cilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add III	nes 4 - 8				9	
10	•	per financial statements Combine lin	es 3 and	d Q		10	-4,900,449
Part		evenue per Audited Financia			With Revenue	per Re	
1		er support per audited financial statem				1	
2		it not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest			2a			
ь	Donated services and use of f	acılıtıes		2b		1	
c	Recoveries of prior year grants	s	.	2c		1	
d	Other (Describe in Part XIV)			2d		7	
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 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	.	4a			
b	Other (Describe in Part XIV)		. [	4b			
c	Add lines <b>4a</b> and <b>4b</b>					4c	
5	Total Revenue Add lines 3 an	d <b>4c.</b> (This should equal Form 990, Pa	rt I, line	e 12 )		5	
Part		xpenses per Audited Financia	al Stat	ement	s With Expense	s per	Return
1	Total expenses and losses pe statements					1	
2	A mounts included on line 1 bu	it not on Form 990, Part IX, line 25					
а	Donated services and use of f	acılıtıes		2a		_	
b	Prior year adjustments			2b		_	
С	Other losses		•	2c		_	
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		0, Part IX, line 25, but not on line 1:		1 - 1			
а	·	uded on Form 990, Part VIII, line 7b		4a		_	
Ь	,			4b		$\dashv$ .	
с -	Add lines 4a and 4b					4c	
5 Date	EXIV Supplemental Inf	nd <b>4c.</b> (This should equal Form 990, P	art I, III	ne I8)		5	
Com Part	plete this part to provide the des	scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X					
	Ident if ier	Return Reference			Explana	tion	
					ANCIAL STATEME		

SUPPORT A COMPARISON TO THE NUMBERS SUBMITTED

ON THIS TAX FORM 990

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493228021070

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** 

**Compensation Information** 

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

**Employer identification number** Name of the organization PACIFIC MARINE CREDIT UNION 95-1820763

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 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 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 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

# 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-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID L DAVIS	(1) (11)	198,269	2,550	9,667		13,925	224,411	
						· ·		

# 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	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228021070

**Employer identification number** 

OMB No 1545-0047

Inspection

#### Schedule L

(Form 990 or 990-EZ)

Name of the organization

PACIFIC MARINE CREDIT UNION

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Department of the Treasury Internal Revenue Service

> 95-1820763 Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

(a) Name of disqualified person 1

(b) Description of transaction

(c) Corrected?

2	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under
	section 4958
	·
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(f) (b) Loan to (e) In or from the (a) Name of interested person and (c)Original default? (d)Balance due organization? purpose principal amount

Approved (g)Written by board or agreement? committee?

From No Yes Yes No Τо Yes

See Additional Data Table

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c)A mount of grant or type of assistance

**Business Transactions Involving Interested Persons.** 

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

(a) Name of interested person

(b) Relationship between interested person and the organization

(c) A mount of transaction

(d) Description of transaction

(e) Sharing of organization's revenues?

Yes No efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228021070

**Employer identification number** 

95-1820763

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE 0** (Form 990)

Name of the organization PACIFIC MARINE CREDIT UNION

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Identifier	Return Reference	Explanation
		FORM 990 IS COMPLETED BY THE PREPARER AND GIVEN TO THE OFFICER TO SIGN PRIOR TO SUBMITION THE OFFICER IS UNDER THE AUTHORITY OF THE GOVERNING BODY TO COMPLETE ALL REQUIRED TAX FILLINGS THE CREDIT UNION MAKES ALL FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

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

Cat No 51056K

Schedule O (Form 990) 2009

# **Additional Data**

Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other compensation	
	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)	from the organization and related organizations	
CHARLES W HOFNER CHAIRMAN	1	х						0	0	0	
RICHARD B ROTHWELL VICE CHAIRMAN	1	х						0	0	0	
GEORGE T HOAGLAND DIRECTOR	1	х						0	0	0	
HANS EDEBOHLS CHAIRMAN SUPERVISORY COMMITTEE	1	х						0	0	0	
R STEWART NAVARRE DIRECTOR	1	х						0	0	0	
JAMES A COTHRAN DIRECTOR	1	х						0	0	0	
GORDON L MILLER DIRECTOR	1	х						0	0	0	
ALLEN B CLARK TREASURER	1	х						0	0	0	
GARY GREVING DIRECTOR	1	х						0	0	0	
RICHARD NEAL DIRECTOR	1	х						0	0	0	
DAVID L DAVIS PRESIDENTCEO	40			Х				210,486	0	0	
MICHELLE A DENTON VP FINANCE	40			Х				99,802	0	0	
DEBORAH KENNEDY VP LENDING	40			Х				116,629	0	0	
ROBERT NEWKIRK VP INFORMATION SERVICES	40			Х				105,711	0	0	
PENELOPE SANDIFER VP HUMAN RESOURCES	40			Х				100,994	0	0	
BRADLEY SMITH VP STRATEGIC DEVELOPMENT	40			Х				111,211	0	0	
RANDI BROOKE VP OPERATIONS	40			х				126,246	0	0	

# **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 95-1820763

Name: PACIFIC MARINE CREDIT UNION

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)O riginal principal amount \$	<b>(d)</b> Balance due \$	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
BRADLEY A SMITH		x	442,000	442,000		No	Yes		Yes	
DAVID L DAVIS		x	177,400	177,400		No	Yes		Yes	
HANS EDEBOHLS		x	146,606	146,606		No	Yes		Yes	
JAMES A COTHRAN		х	230,700	230,700		No	Yes		Yes	
PENELOPE J SANDIFER		х	30,000	30,000		No	Yes		Yes	
RANDI L BROOKE		х	283,252	283,252		No	Yes		Yes	
ROBERT S NEWKIRK		х	23,366	23,366		No	Yes		Yes	

Software ID:

**Software Version:** 

**EIN:** 95-1820763

Name: PACIFIC MARINE CREDIT UNION

## Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ASSOCIATION DUES	79,503			
PROVISION FOR LOAN LOSSES	7,368,870			
LOAN SERVICING	2,586,307			
DIVIDENDS	5,838,169			
LOSS ON INVESTMENT	5,286,502			

## **Additional Data**

Software ID: Software Version:

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**EIN:** 95-1820763

Name: PACIFIC MARINE CREDIT UNION

# Form 990, Schedule D, Part IX, - Other Assets

(a) Description	( <b>b)</b> Book value		
ACCRUED INTEREST ON LOANSVISA	1,230,443		
ACCRUED INTEREST ON INVESTMENTS	655,573		
DEPOSIT NCUSIF	4,665,418		
WORKERS COMPENSATION FUNDDEPOSIT	333,717		
CONSTRUCTION IN PROGRESS	12,327,271		
ATM DEPOSITORY	89,223		
FSCCCOOP DIVIDEND RECEIVABLE	823,209		
OTHER ASSETS	58,256		

#### Form 990, Schedule D, Part X, - Other Liabilities

1	(a) Description of Liability	(b) A mount
SHARES		61,997,350
MONEY MARK	ET SHARES	132,282,035
SHARE DRAFT	-s	92,393,235
DIVIDEND SH	ARE DRAFT	34,027,337
CERTIFICATE	:S	120,176,934
IRA SHARES		4,135,136
IRA MONEY M	ARKET SHARES	2,655,218
IRA CERTICA	TES	19,546,156