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DLN: 93493299006361

## Form **990**

### **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)

2010

OMB No 1545-0047

		e Freasury e Service	► The organization may have to use a copy of this return to satisfy sta	te reporting	requireme	nts	Open to Public Inspection
A Fo	r the	2010 ca	lendar year, or tax year beginning 01-01-2010 and ending 12-31-2010				<u> </u>
<b>B</b> Che	eck ıf a	applicable	C Name of organization PROVIDENT CREDIT UNION		D Emplo	yer i	dentification number
☐ Add	lress cl	hange	Doing Business As		94-14	829	957
☐ Nar	ne cha	ange	Dolling Education As		E Teleph	one	number
Init	ıal retu	ırn	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(650)	508	-0300
Ter	mınate	ed	303 TWIN DOLPHIN DRIVE				
M Am	ended	return	City or town, state or country, and ZIP + 4 REDWOOD CITY, CA 94063		<b>G</b> Gross re	eceip	ts \$ 93,407,559
M App	lication	n pending	KESTIOOS CITY GIT 51003				
			F Name and address of principal officer	H(a) Is this a	<b>-</b> group return fo	r affili	ates? Yes No
			WAYNE BUNKER 303 TWIN DOLPHIN DRIVE	<b>H(b)</b> Are all a	affiliates incli	uded.	Yes No
			REDWOOD CITY, CA 94063	• •			(see instructions)
——— т Тах	x-exen	npt status	501(c)(3) <b>✓</b> 501(c) (14) <b>◄</b> (Insert no ) <b>☐</b> 4947(a)(1) or <b>☐</b> 527		exemptio		
			W PROVIDENTCU ORG				
			Corporation  Trust  Association  Other ► CREDIT UNION	<b>L</b> Year of for	mation 1950	0	M State of legal domicile CA
Pa	rt I		mary				
		,	escribe the organization's mission or most significant activities ERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT	AND SAVIN	IGS AMOI	vg i	TS MEMBERS
3			ERATIVE, ORGANIZED FOR THE FORE OSE OF FROM OTHER THREE	AND DAVI	IGO ANO		TOTTETTOERO
듄							
E E	,	Check th	ıs box ┡─ ıf the organizatıon dıscontınued ıts operatıons or dısposed of	more than 25	5% of its r	net a	ssets
ŝ			of voting members of the governing body (Part VI, line 1a)	more than 2.	, , , , , , , , , , , , , , , , , , , ,	3	9
න් ග			of independent voting members of the governing body (Part VI, line 1b)			4	9
ĕ			mber of individuals employed in calendar year 2010 (Part V, line 2a)			5	352
Activities & Governance	6	Total nur	nber of volunteers (estimate if necessary)			6	14
đ	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a	755,828
	ь	Net unre	ated business taxable income from Form 990-T, line 34			7b	C
				Prior	Year	$\perp$	Current Year
g.	8		outions and grants (Part VIII, line 1h)			0	0
Revenue	9	_	m service revenue (Part VIII, line 2g)		79,223,4	$\overline{}$	77,752,684
歪	10 11		ment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,153,4 8,651,5	-	7,015,072 2,470,215
	12		evenue—add lines 8 through 11 (must equal Part VIII, column (A), line		8,031,324		
				1	00,028,3	7 3	87,237,971
	13		and similar amounts paid (Part IX, column (A), lines 1-3)			0	17,000
	14		s paid to or for members (Part IX, column (A), line 4)			0	0
\$	15	10)	s, other compensation, employee benefits (Part IX, column (A), lines 5-		23,300,4	48	24,203,275
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	С
ਨੀ	ь	Total fu	ndraising expenses (Part IX, column (D), line 25) 🕨				
_	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		75,690,0	07	57,202,658
	18		xpenses Add lines 13-17 (must equal Part IX, column (A), line 25)		98,990,4	-	81,422,933
. 00	19	Reveni	ue less expenses Subtract line 18 from line 12	n - · ·	1,037,9	-	5,815,038
8 9 20 8				Beginning Ye	of Current ear	۱	End of Year
Net Assets or Fund Balances	20	Totala	ssets (Part X, line 16)	1,6	74,838,3	48	1,626,499,898
PA P	21	Totall	abilities (Part X, line 26)	1,4	93,736,9	39	1,438,431,376
<u> 22</u>	22	Netas	sets or fund balances Subtract line 21 from line 20	1	81,101,4	09	188,068,522
Under	edge	Ities of pe and belief	ature Block erjury, I declare that I have examined this return, including accompanying sch i, it is true, correct, and complete. Declaration of preparer (other than officer)				
		Τ.					
		****	** ture of officer		11-10-20		
Sign Here				Dat	.e		
11616	-		A BRUZZONE CEO or print name and title				
		Print/Type	Preparer's signature Date		Check if self-		PTIN
Paid		preparer's		- Ε	mployed 🕨	$\overline{}$	
Prepa	arer						Firm's EIN
Use (		rırm's add	ress 100 NORTH FIRST ST STE 202				Phone no (818) 954- 9700

BURBANK, CA 91502

May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$ 

Par		ent of Program Schedule O contains		plishments question in this Part II	ı		\r
1	Briefly describe	the organization's m	nission				
SOU FOR SOC AND	RCE OF CREDIT THEM TO USE A IAL CONDITION GENERAL WELF	FOR THEM AT RAT ND CONTROL THE NS AS A COOPERA	ES OF INTEREST S R OWN MONEY O TIVE, PROVIDENT RS WITH THE EAF	OMOTING THRIFT AN SET BY THE BOARD O N A DEMOCRATIC BA CREDIT UNION CON RNINGS, SAVINGS, BE	F DIRECTORS, AND SIS IN ORDER TO II IDUCTS ITS BUSINE	PROVIDING AMPROVE THE	AN OPPORTUNITY IR ECONOMIC AND MUTUAL BENEFIT
2	Did the organiza			services during the yea	ar which were not liste		es 🗸 No
	•	be these new service:				. , , , ,	:S   • NO
3				ant changes in how it c	onducts, any program		es 🗸 No
	If "Yes," describ	e these changes on	Schedule O				
4	Section 501(c)(	(3) and 501(c)(4) org	janizations and sec	the organization's thre tion 4947(a)(1) trusts If any, for each program	are required to report		
4a	(Code	) (Expenses	<del></del> \$	ıncludıng grants of \$	) (Reve	enue \$	)
	AT LEAST 10 POIN INSTEAD OF A PAF ENCOURAGING VI	T OF SALE PURCHASES (I PER ONE THIS ACCOUNT RTUAL TRANSACTIONS VE	DEBIT CARD) PER MONT ACCRUES FINANCIAL B ERSUS PAPER CHECKS,	ICH PAYS MEMBERS HIGH R IH, HAVING DIRECT DEPOSI ENEFITS TO MEMBERS AND ELIMINATING PAPER AND M NTITY THEFT THROUGH STO	T OR BILL PAY EACH MONT SUPPORTS ENVIRONMENT AILING COSTS FOR STATEI	TH, AND RECEIVIN ALLY FRIENDLY BI MENTS, AND INCR	NG AN E-STATEMENT EHAVIOR BY
	(Code	) (Expenses	<u> </u>	ıncludıng grants of \$	) (Reve	enue \$	)
	PROVIDENT OFFER THE LOAN BALANC HIGHER LOAN, TH	RS A "PORTABLE LOAN" P CE TRANSFERRED TO THE IE OLD LOAN WILL BE SUP	ROGRAM WHICH ALLOW NEW PROPERTY IS THI PLEMENTED WITH A HE	/S MEMBERS TO KEEP THEIF E REMAINING BALANCE ON T LOC TO MAKE UP THE DIFFE ER BY DOING SO THAN NEW	R ORIGINAL LOAN WHEN TI THE FIRST PROPERTY IF T ERENCE THE BENEFIT TO	HEY SELL A HOME HE SECOND PROI MEMBERS IS TO E	PERTY REQUIRES A
	(Code	) (Expenses	<u> </u>	ıncludıng grants of \$	) (Reve	 enue \$	)
	PROVIDENT HAS A	, , ,	ATES ON CERTAIN POR	TFOLIO MORTGAGE LOANS A	, ,	•	E DROPS WITHOUT GOING
	Other program	services (Describe	ın Schedule O )				
	(Expenses \$	,	including grants	of\$	) (Revenue \$		)
4e	Total program	service expenses►\$					

Part IV	Checklist	of Rea	uired	Sched	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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? 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	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 quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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		Νο
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 lines 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	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			
	<i>IV</i>	28a		Νο
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		
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?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable la 41,353			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
0	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l N
Ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible?			
b	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).			
3	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		N
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
•	file Form 8282?	7с		١
t	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 3		
	Form 1098-C?	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.			
a	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		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
0	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them).........			
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	1/16	ı	

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.

Check if Schedule O contains a response to any question in this Part VI										. F	7
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax vear			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Ке	evenue Code.)	$\overline{}$	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
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 15a or 15b, describe the process in Schedule O (See instructions )			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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 <b>▶</b> CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- 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 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

(650) 508-0300

State the name, physical address, and telephone number of the person who possesses the books and records of the organization LINDA BRUZZONE

303 TWIN DOLPHIN DRIVE

REDWOOD CITY, CA 94065

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

<b>(A)</b> Name and Title	(B) Average hours		( <b>(</b> tion ( hat a	che		11		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Officer Institutional Trustee Individual trustee or director		Former Highest compensated employee Key employee		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
(1) SAMUEL JOHNSON JR CHAIRMAN	1 00	Х		х				0	0	0
(2) JANET MATHIS VICE-CHAIR	1 00	Х		х				0	0	0
(3) ROBERT LANZONE DIRECTOR	1 00	Х						0	0	0
(4) LAWRENCE TECHARA DIRECTOR	1 00	х						0	0	0
(5) DAVID PELZNER DIRECTOR	1 00	Х						0	0	0
(6) CURTIS WILSON DIRECTOR	1 00	Х						0	0	0
(7) JUNE ROTHE DIRECTOR	1 00	Х						0	0	0
(8) DAVID BUCKMASTER DIRECTOR	1 00	Х						0	0	0
(9) FRED MARCUSSEN DIRECTOR	1 00	Х						0	0	0
(10) WAYNE BUNKER CEO	40 00			х				521,103	0	155,998
(11) LINDA BRUZZONE CFO	40 00			х				212,644	0	24,453
(12) JIM ERNEST COO	40 00			х				281,959	0	30,204
(13) FRED GOMES CIO	40 00			х				229,212	0	33,746
(14) PATRICIA DOWD VP-MEMBER SALES AND SERV	40 00				х			209,492	0	24,375
(15) DAVID HERRERA VP OF LENDING	40 00				х			204,161	0	9,384
(16) CONNIE FINCH VP OF INFORMATION TECHNO	40 00				х			233,903	0	17,123

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

(A) Name and Title	(B) Average hours		() tion ( :hat a			II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	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
(17) HEIDI PARKS VP OF MARKETING	40 00				х			218,541	0	18,325
(18) CELIA TANAKA VP OF HUMAN RESOURCES	40 00				Х			224,505	0	8,801
(19) SHU-YI KONG FINANCIAL CONSULTANT	40 00					Х		241,380	0	7,541
(20) ANDREA ZUEFEN BULOW FINANCIAL CONSULTANT	40 00					Х		215,986	0	5,957
(21) MOHAMAD SANGABI MORTGAGE CONSULTANT	40 00					х		193,359	0	7,564
(22) FATEMEH SANGABI MORTGAGE CONSULTANT	40 00					Х		163,149	0	5,977
(23) GREG MCCURDY AVP OF LENDING	40 00					Х		158,721	0	8,389
1b Sub-Total							•			
c Total from continuation sheets	<u>-</u>					<u> </u>	<b>-</b>	3,308,115	0	357,837
-										357,837
2 Total number of individuals (inclusion \$100,000 in reportable compens	•				.ea a	ibove	wno	received more tha	П	

			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 or individual 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	(C) Compensation
ONLINE RESOURCES CORPORATION PO BOX 630139 BALTIMORE, MD 21263	ON-LINE BANKING PROVIDER	469,564
FISERV SOLUTIONS INC 75 REMITTANCE DR STE 6969 CHICAGO, IL 60675	CORE SYSTEM	457,781
INFOR IMAGE 141 JEFFERSON DR MENLO PARK, CA 94025	MAIL HOUSE	414,638
DIEBOLD INCORPORATED 6181 CHIP AVENUE CYPRESS, CA 90630	SECURITIES SERVICES	367,290
ABM JANITORIAL SERVICES 600 HARRISON ST STE 600 SAN FRANCISCO, CA 94107	JANITORIAL SERVICES	205,919
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶17

Form 9 Part							Pag	ge <b>9</b>
Part	<b>7111</b>	Statement of Revent	ie		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	. 1c . 1d .1e and 1f					513, 67
<u>ပည်း</u>	h	Total. Add lines 1a-1f						
Program Service Revenue	2a b c d	INCOME FROM LOANS  FEE INCOME  OTHER OPERATING INCOME		900099 900099 900099	57,270,977 11,053,358 9,428,349			
Togr	f	All other program service rev	enue					
<u> </u>	_	<b>Total.</b> Add lines 2a-2f Investment income (includin and other similar amounts)	g dıvıdends, ınterest		77,752,684 7,153,223	7,153,223		
	b c	Income from investment of tax-exer Royalties	(I) Real 2,571,693 101,478 2,470,215	(II) Personal	2.470.245			2 470 245
Φ	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(ı) Securities	(II) O ther 5,929,959 6,068,110 -138,151	-138,151			2,470,215
Other Revenue	b c 10aa b c c	Less direct expenses Net income or (loss) from ga  Gross sales of inventory, les returns and allowances .  Less cost of goods sold .  Net income or (loss) from sa  Miscellaneous Revenue	a b draising events ctivities See Part IV, line 19 ming activities  a b es of inventory  •	Business Code	87 237 971		755 828	2,470,215
					87,237,971	84,011,928		

	Statement of Functional Expenses  Section 501(c)(3) and 501(c)(4) organizations musual other organizations must complete column (A) but are not required to complete column (B) but are not required to column (B) but are not required to continue to continu		s (B), (C), and		-	
Do not include amounts reported on lines 6b,  7b, 8b, 9b, and 10b of Part VIII.  (A) Total expenses  (B) Program service expenses (P) Management and general expenses expenses 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	17,000				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	17,000				
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	3,308,115				
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	15,505,794				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	931,205				
9	Other employee benefits	3,048,632				
10	Payroll taxes	1,409,529				
а	Fees for services (non-employees) Management	, , ==				
ь	Legal	210,915				
С	Accounting	153,327				
d	Lobbying					
e	Professional fundraising services See Part IV, line 17					
f	Investment management fees					
g	Other	1,213,505				
12	Advertising and promotion	1,730,727				
 L3	Office expenses	5,181,215				
 L4	Information technology	3,101,213				
 L5	Royalties					
16	Occupancy	3,776,546				
17	Travel	362,076				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	362,076				
19	Conferences, conventions, and meetings					
20	Interest	23,500,053				
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	3,111,208				
23	Insurance	4,246,148				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	.,2.10,210				
а	PROVISION FOR LOAN LOSS	9,830,049				
b	LOAN SERVICING EXPENSE	2,613,269				
c	MISCELLANEOUS EXPENSE	984,406				
d	OPERATING FEES	289,214				
e						
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	81,422,933				
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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					
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			4,590,258	1	4,633,867
	2	Savings and temporary cash investments	65,957,086	2	168,206,843		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trusted highest compensated employees   Complete Part II of	y employees, and				
		Schedule L			6,708,605	5	5,054,160
	6	Receivables from other disqualified persons (as defined under persons described in section $4958(c)(3)(B)$ , and contributing sponsoring organizations of section $501(c)(9)$ voluntary employeganizations (see instructions)	emplo	yers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
٧	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,646,779	9	1,963,436
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	63,407,467			
	ь	Less accumulated depreciation	10b	30,819,037	34,551,791	10c	32,588,430
	11	Investments—publicly traded securities		68,765,954	11	108,201,714	
	12	Investments—other securities See Part IV, line 11			12		
	13	Investments—program-related See Part IV, line 11	1,479,632,158	13	1,287,835,819		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	12,985,717	15	18,015,629		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,674,838,348	16	1,626,499,898
	17	Accounts payable and accrued expenses .		11,425,211	17	9,655,624	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability Complete Part IV of Sched				21	
bilities	22	Payables to current and former officers, directors, trustees, ke employees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,482,311,728	25	1,428,775,752
	26	Total liabilities. Add lines 17 through 25		1,493,736,939	26	1,438,431,376	
		Organizations that follow SFAS 117, check here ► ☐ and com	plete	lines 27			
Fund Balances		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets				27	
<u>В</u>	28	Temporarily restricted net assets		28			
됟	29	Permanently restricted net assets			29		
Ē		Organizations that do not follow SFAS 117, check here 🕨 🔽 a	nd co	mplete			
5		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			0	30	0
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			0	31	0
	32	Retained earnings, endowment, accumulated income, or other	funds		181,101,409	32	188,068,522
Net	33	Total net assets or fund balances			181,101,409	33	188,068,522
	34	Total liabilities and net assets/fund balances			1,674,838,348	34	1,626,499,898

1401	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
_		1		87,2	237,971
2	Total expenses (must equal Part IX, column (A), line 25)	2		81,4	122,933
3	Revenue less expenses Subtract line 2 from line 1	3		E (	21 5 0 2 9
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			101,409
5	Other changes in net assets or fund balances (explain in Schedule O)	5			152,075
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		188,0	068,522
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	•		দ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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	e •	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated 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 re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

DLN: 93493299006361

#### OMB No 1545-0047

#### **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.

**Political Campaign and Lobbying Activities** 

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

Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

Sec	ction 527 organizations Complet	e Part I-A only		·				
		es," to Form 990, Part IV, Line 4, or	Form 990-EZ, P	art VI, line 47 (Lobb	ying	Activi	ities), the	n
Sed	ction 501(c)(3) organizations tha	at have filed Form 5768 (election under	section 501(h)) (	Complete Part II-A Do r	not co	omplete	e Part II-B	
	, ,, , <del>-</del>	at have NOT filed Form 5768 (election u					•	
	_	es," to Form 990, Part IV, Line 5 (Pr	oxy Tax) or For	m 990-EZ, Part V, lin	e 35	a (Pro	xy Tax), th	ien
	ction 501(c)(4), (5), or (6) organ	ızatıons Complete Part III		T				
	me of the organization OVIDENT CREDIT UNION			Employe	rıde	ntifica	tion numbe	er
				94-1482	2957			
ar	t I-A Complete if the or	rganization is exempt under :	section 501(	c) or is a section	527	7 org	anizatio	n.
-	Provide a description of the oi	rganization's direct and indirect politic	al campaign act	ıvıtıes ın Part IV				
2	Political expenditures			•	-	\$		14,200
3	V olunteer hours							
ar	t I-B Complete if the o	rganization is exempt under	section 501(	c)(3).				
•	Enter the amount of any excis	e tax incurred by the organization und	der section 4955	;	<b> -</b>	\$		
2	Enter the amount of any excis	e tax incurred by organization manage	ers under sectioi	n 4955	•	\$		
3	If the organization incurred a	section 4955 tax, did it file Form 472	O for this year?				☐ Yes	☐ No
a	Was a correction made?						☐ Yes	☐ No
b	If "Yes," describe in Part IV							
	<u> </u>	ganization is exempt under	section 501(	c) except section	າ 50	1(c)(	(3).	
	<u> </u>	ended by the filing organization for se			<b> </b>	\$		
,		organization's funds contributed to otl						
•	exempt funtion activities		ner organizations	, 101 500011011 52 ,	►	\$		14,20
1	Total exempt function expend	itures Add lines 1 and 2 Enter here a	and on Form 112	0-POL line 17b	•			4420
				,	-	\$		14,200
ŀ	Did the filing organization file	Form 1120-POL for this year?					✓ Yes	┌ No
;	•	nd employer identification number (El	•					-
		For each organization listed, enter the ns received that were promptly and di						
		political action committee (PAC) If						
			T			(-)	A	£   . +
	(a) Name	(b) Address	(c) EIN	(d) A mount paid f			A mount ontributions	-
				funds If none, ente			and prompt	,
			i			1 4	ببياماء ببالجمم	~ ~ ~ d + ~ ~

(a) Name	( <b>b</b> ) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
(1) CCUL-PAC	PO BOX 51476 ONTARIO, CA 91761	74-3032874	12,000	

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
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 li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total		
2a	Lobbying non-taxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots non-taxable amount							
e	Grassroots ceiling amount (150% of line 2d, column (e))							
f	Grassroots lobbying expenditures							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	r section

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes". 1 Dues, assessments and similar amounts from members

_	bacs, assessments and similar amounts from members	_	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	

#### Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
ORGANIZATIONS DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES		PROVIDENT CREDIT UNION CONTRIBUTED TO CAMPAIGNS AND PAC'S RELATED TO THOSE THAT SUPPORT CREDIT UNION AND SPECIFIC LEGISLATION THAT IS IMPORTANT AND BENEFICIAL TO CREDIT UNIONS PROVIDENT CREDIT UNION CONTRIBUTED TO IRA RUSKIN'S CAMPAIGN TO BE ELECTED TO THE STATE SENATE THIS ORGANIZATION WAS NOT LISTED IN PART 1-C THE CREDIT UNION WAS UNABLE TO OBTAIN AN EIN FOR THIS ORGANIZATION FOLLOWING IS THE NAME AND ADDRESS OF THE CAMPAIGN IRA RUSKIN AMOUNT OF CONTRIBUTION \$2,200 807 MONTGOMERY STREET SAN FRANCISCO, CA 94133

DLN: 93493299006361

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**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

ernal	Revenue Service Attach to F	Form 990. ► See separate instructions.			Inspect	ЮП
	e of the organization IDENT CREDIT UNION		Emp	loyer identificat	ion numbe	r
	DEIT SKEDTI ORION		94-:	1482957		
Pal	Organizations Maintaining Donor A		unds	or Accounts.	Complet	e if the
	organization answered "Yes" to Form 9	90, Part IV, line 6. (a) Donor advised funds		<b>b)</b> Funds and ot	haraccou	
	Total number at end of year	(a) Donor advised funds		D) I ulius aliu ot	ilei accoui	11.5
	Aggregate contributions to (during year)					
	Aggregate contributions to (during year)					
	Aggregate value at end of year					
		Learn in writing that the access hold in dan	ar ad			
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	e organization's exclusive legal control?			☐ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit				☐ Yes	┌ No
ar	<b>III</b> Conservation Easements. Complete	e if the organization answered "Yes" to	o Forn	n 990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a quaeasement on the last day of the tax year	tion or pleasure)	ertifie	d historic struct	•	a
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	s	2b			
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
	Number of conservation easements modified, transf the taxable year	vation easement is located ▶			_	_
	enforcement of the conservation easements it holds				Yes	No
	Staff and volunteer hours devoted to monitoring, ins  A mount of expenses incurred in monitoring, inspect					
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			, the γear F ψ <u></u>	┌ Yes	
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial		•	nd	,
a r'	Organizations Maintaining Collection Complete if the organization answered		or Otl	her Similar <i>I</i>	Assets.	
а	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 fi	S 116, not to report in its revenue stateme d for public exhibition, education or researc	:h ın fu			,
b	If the organization elected, as permitted under SFA s historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
	If the organization received or held works of art, his following amounts required to be reported under SFA		r finan	· -		
а	Revenues included in Form 990, Part VIII, line 1	<u> </u>		<b>►</b> \$		
	References meraded mir offm 550, i dit viii, ime i			- ~ <u></u>		

**b** Assets included in Form 990, Part X

Part	Organizations Main	ntaining Co	ollections of Art	t, His	<u>tori</u>	<u>cal Tre</u>	asu	res, or C	<u> the</u>	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accessitems (check all that apply)	sion and othe	r records, check an	y of th	e foll	owing the	at are	e a signific	ant u	se of its col	lection	า	
а	Public exhibition			d	Γ	Loan or	exch	nange prog	rams				
b	Scholarly research			e	Γ	Other							
c	Preservation for future gen	erations											
4	Provide a description of the org Part XIV	janization's c	ollections and expla	ain hov	v the y	further	the o	rganızatıor	n's ex	empt purpo	se in		
5	During the year, did the organiz assets to be sold to raise funds									nılar	Γ	Yes	┌ No
Par	t IV Escrow and Custod Part IV, line 9, or rep							n answere	d "Y	es" to Fori	n 990	),	
1a	Is the organization an agent, tr included on Form 990, Part X?	ustee, custoc	dian or other interm	ediary	for c	ontributio	ons o	or other ass	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangeme	ent in Part XI	V and complete the	follow	ıng ta	able		-					
											A mou	ınt	
С	Beginning balance								1c				
d	Additions during the year								1d				
е	Distributions during the year								1e				
f	Ending balance								<b>1</b> f				
2a	Did the organization include an	amount on Fo	orm 990, Part X, lın	e 21?							Γ	Yes	┌ No
b	If "Yes," explain the arrangeme	nt ın Part XI\	/										
Par	rt V Endowment Funds.	. Complete											
4 -	D		(a)Current Year	(b)	Prior Y	ear (	( <b>c)</b> Tw	o Years Back	(d)	Three Years Ba	ack (e	)Four Ye	ears Back
1a	Beginning of year balance .								-				
b	Contributions								-				
с	Investment earnings or losses								+				
d	Grants or scholarships										_		
e	Other expenditures for facilitie and programs	s 											
f	Administrative expenses .												
g	End of year balance												
2	Provide the estimated percenta	age of the yea	r end balance held	as									
а	Board designated or quasi-end												
ь	Permanent endowment												
c 3a	Term endowment F  Are there endowment funds not	in the posse	ssion of the organiz	ation t	hat a	re held a	and a	dministere	d for	the			
	organization by	m the posse	ooron or the organiz					411111111111111111111111111111111111111				Yes	No
	(i) unrelated organizations .									_	3a(i)		
	(ii) related organizations .								•		3a(ii)		
	If "Yes" to 3a(II), are the relate	<del>-</del>	•						•		3b		
4	Describe in Part XIV the intend						0 0		4.0				
Par	t VI Investments—Land	ı, Bullaing:	s, and Equipme	nt. S									
	Description of invest	ment				Cost or otl		(b)Cost or o basis (othe		(c) Accumula depreciatio		( <b>d</b> ) Boo	ok value
<b>1a</b> L	Land							7,452	2,892				7,452,892
<b>b</b> E	Buildings							31,081	1,342	10,398	8,485	2	0,682,857
<b>c</b> L	Leasehold improvements			•				7,719	9,202	5,340	0,226		2,378,976
d E	Equipment							17,154	1,031	15,080	0,326		2,073,705
<b>e</b> (	Other				1								

Part VII Investments—Other Securities. See I	orm 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990. Part X. col (B) line 12.)		
Tetali (colami (2) sheal equal cim 350, ratin, col (2) mic 12 )	Faura 000 Part V line 13	
Part VIII Investments—Program Related. See	Form 990, Part X, line 13	(c) Method of valuation
(a) Description of investment type	( <b>b)</b> Book value	Cost or end-of-year market value
(1) NCUA SHARE INSURANCE DEPOSITS	11,355,433	C
(2) OTHER INVESTMENTS IN CORPORATE CREDIT		
UNIONS	228,351,139	С
(3) DEPOSITS IN COMMERCIAL BANKS, S&L, SAVINGS	44 220 444	
BANKS	11,329,111	С
(4) ALL OTHER INVESTMENTS	16,282,600	С
(5) NET LOANS AND LEASES	1,020,517,536	С
Total (Column (h) should equal Form 990, Part V, col (R) line 13.)	1 287 835 810	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part TX Other Assets. See Form 990 Part X lin	1,287,835,819 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	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15.	
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:	e 15. tion  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:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.) , line 25.	
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	e 15. tion  5.)	
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	e 15. tion  5.) , line 25.	
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	e 15. tion  5.) , line 25.	
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  MEMBER SHARE DEPOSITS	E 15. tion  5.) , line 25. (b) A mount	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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  MEMBER SHARE DEPOSITS	e 15. tion  5.)	
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:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  MEMBER SHARE DEPOSITS	e 15. tion  5.)	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts 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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
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 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
с _	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	) o buren
1	Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial	per i	<u>teturn</u>
-	statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	]	
b	Prior year adjustments	]	
c	Other losses	]	
d	Other (Describe in Part XIV)	1	
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 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)	4	
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	TEXIV Supplemental Information  upplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	- mt   1.7 - 1.	1h 2h
L on	ndiete tins dant to provide the descriptions required for Part II. lines 3, 5, and 9, Part III. lines 1a and 4. Pa	ailiv. II	nes ip and ZD.

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		FOR THE YEAR ENDED DECEMBER 31, 2010, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THE CREDIT UNION IS NOT SUBJECT TO EXAMINATION BY US FEDERAL AND STATE TAX AUTHORITIES FOR TAX YEARS BEFORE 2006 FOR THE YEAR ENDED DECEMBER 31, 2010, THE CREDIT UNION HAS NO UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, HAS NOT RECORDED A LIABILITY FOR THE PAYMENT OF INTEREST OR PENALTIES

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493299006361 OMB No 1545-0047

Employer identification number

## **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

Inspect ion

Part I General Informatio	n on Grants and	l Assistance				94-1482957	
Does the organization maintain in the selection criteria used to aw	records to substant ard the grants or as	ate the amount of the sistance?					▽ Yes □
Part II Grants and Other As Form 990, Part IV, line duplicated if additiona	ssistance to Go 21 for any recip	vernments and O	rganizations in the nore than \$5,000. Ch	United States. Con eck this box if no one	recipient receive	d more than \$5,000	
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> 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 gra or assistance
<ul><li>Enter total number of section 50</li><li>Enter total number of other orga</li></ul>							

Part III	Grants and Other Assistance to Individuals in the United States.	. Complete if the organization	answered "Yes	s" 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)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
(1) COLLEGE SCHOLARSHIPS	11	17,000			

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	· · · · · · · · · · · · · · · · · · ·	SCHEDULE I, PART I, LINE 2 SOME SCHOLARSHIPS ARE ONE TIME AWARDS AND FOR THOSE WE HAVE MINIMUM REQUIREMENTS THAT MUST BE MET FOR THE RENEWAL SCHOLARSHIPS, THE STUDENT MUST MAINTAIN AT
IN THE U S		LEAST A B AVERAGE AND BE ENROLLED IN AN ACCREDITED COLLEGE TRANSCRIPTS ARE REQUIRED TO CONFIRM THE STUDENT'S ENROLLMENT AND GRADES

**Compensation Information** 

DLN: 93493299006361

**Employer identification number** 

OMB No 1545-0047

#### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

PRC	VIDENT CREDIT UNION		94-1482957			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro					
	First-class or charter travel	Housing allowance or residence for	personal use			
	▼ Travel for companions	Payments for business use of perso	nal residence			
	<u> </u>	Health or social club dues or initiat				
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organizate reimbursement orprovision of all the expenses described a			1b	Yes	
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc			2	Yes	
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations	ply Written employment contract Compensation survey or study				
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control payme	ent from the organization or a related o	rganızatıon?	4a	Yes	
ь	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-based o	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must compensation contingent on the revenues of		ny			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue a	ny			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ		n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III			8		
9	If "Yes" to line 8, did the organization also follow the rebut	ttable presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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)(1)-(111) 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	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
(A) Name		(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
(1) WAYNE BUNKER	(I) (II)	371,116 0	126,236 0	23,751 0	122,431 0	33,567 0	677,101 0	0
(2) LINDA BRUZZONE	(1) (11)	152,699 0	58,392 0	1,553 0	0 0	24,453 0	237,097	0
(3) JIM ERNEST	(1) (11)	223,769 0	56,325 0	1,865 0	0	30,204 0	312,163 0	0
(4) FRED GOMES	(1) (11)	156,771 0	70,863 0	1,578 0	0	33,746 0	262,958 0	0
(5) PATRICIA DOWD	(1) (11)	143,954 0	64,042 0	1,496 0	0	24,375 0	233,867 0	0
(6) DAVID HERRERA	(1) (11)	164,317 0	38,358 0	1,486 0	0	9,384	213,545	0
(7) CONNIE FINCH	(1) (11)	170,977 0	61,443 0	1,483 0	0 0	17,123 0	251,026 0	0
(8) HEIDI PARKS	(1) (11)	163,385 0	53,728 0	1,428 0	0	18,325 0	236,866	0
(9) CELIA TANAKA	(1) (11)	163,449 0	53,144 0	7,912 0	0	8,801 0	233,306	0
(10) SHU-YI KONG	(1) (11)	0	241,380 0	0	0	7,541 0	248,921 0	0
(11) ANDREA ZUEFEN BULOW	(1) (11)	0	215,986 0	0	0	5,957 0	221,943	0
(12) MOHAMAD SANGABI	(I) (II)	43,191 0	147,003 0	3,165 0	0	7,564 0	200,923	0
(13) FATEMEH SANGABI	(I) (II)	41,157 0	121,649 0	343 0	0	5,977 0	169,126 0	0
(14) GREG MCCURDY	(I) (II)	150,231 0	7,245 0	1,245	0	8,389 0	167,110 0	0
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### 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

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

DLN: 93493299006361

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**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.

Name of the organization

**Employer identification number** 

KOVIDENT CREDIT ONION							-14829			
art I Excess Benefit Tran Complete if the organizat									ne 40h	
			1 0111 01111 9 9 0 , 1					art v, ii		orrect
1 (a) Name of disqu	ualified	person		<b>(b)</b> Desc	ription	of trans a	ction		Yes	
									<del>-  </del>	+
										+
										+-
										+
2 Enter the amount of tax impos	od on th	o organ	ization managers of	disqualified perso	one duri	na tho v	oar undor			
section 4958							ear unuer	\$		
3 Enter the amount of tax, if any								<b>\$</b>		
2 Enter the amount of tax, if any	, 011 11110	2, 400	e, rembursed by th	ic organization :	•		• •			
Part II Loans to and/or F	From 3	[ntere	sted Persons.							
Complete if the organiz	zation a	ns we re d	"Yes" on Form 990	), Part IV, line 26,	or Forr	n 990-E		<u>, lıne 38</u>	<u>a</u>	
	(b) L	oan to				-	(f)			
a) Name of interested person and purpose	or fro	m the	(c)O riginal	(d)Palamaa dua	(e) defau		A pprov		(g)Writ	
	organiz	zation?	principal amount	(d)Balance due	uelac	111.	commit		agreeme	;110.
	То	From			Yes	No	Yes	No	Yes	No
) WAYNE BUNKER										
EAL ESTATE LOAN	<b>↓</b>	Х	927,486	897,957		No	Yes		Yes	
) LINDA BRUZZONE		l				1	l			
EAL ESTATE LOAN	<del>                                     </del>	Х	628,000	504,366		No	Yes		Yes	+-
) JIM ERNEST EAL ESTATE LOAN		X	709,000	654,247		No	Yes		Yes	
) FRED GOMES	+	^	, 05,000	031,217		110	1	+	+ 105	+
EAL ESTATE LOAN		X	245,000	206,807		No	Yes		Yes	
5) HEIDI PARKS				·						
EAL ESTATE LOAN		Х	615,000	539,699		Νo	Yes		Yes	
) CELIA TANAKA										
EAL ESTATE LOAN		X	335,000	335,000		No	Yes		Yes	+
) PATRICIA DOWD REAL ESTATE LOANS		X	825.000	716 100		No	V		V	
B) MOHAMAD SANGABI	+	<del>  ^</del>	825,000	716,188		INO	Yes	+	Yes	+
EAL ESTATE LOAN		l x	606,682	606,682		No	Yes		Yes	
O) CONNIE FINCH	1		, . , .	- , <b>-</b>		1	<u> </u>	1	+	+
EAL ESTATE LOAN		Х	275,000	241,614		Νo	Yes		Yes	
.O) FATEMEH SANGABI										
EAL ESTATE LOAN		Х	400,000	· · · · · · · · · · · · · · · · · · ·		Νo	Yes		Yes	<u> </u>
otal	<u> </u>		🕨 \$	5,054,160						
art IIII Grants or Assistar										
Complete if the orga	nizatio			•		: / .				
			Relationship betwo	een interested per: ganization	son	( <b>c)</b> A m	ount of gi	ant or ty	pe of assi	stance
			and the or	yamzamon						
					+					
					+					

Part TV Bus	iness Transact	tions Involving T	nterested Persons

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

Complete if the organization	m answered res on	101111 330, 1 arc 1 <b>v</b> , 111	10 200, 200, 01 20C.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

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Schedule L (Form 990 or 990-EZ) 2010

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-1482957

Name: PROVIDENT CREDIT UNION

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

(a) Name of interested person and purpose	( <b>b</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?		( <b>g)</b> Written agreement?	
	То	From			Yes	No	Yes	No	Yes	No
WAYNE BUNKER REAL ESTATE LOAN		х	927,486	897,957		No	Yes		Yes	
LINDA BRUZZONE REAL ESTATE LOAN		х	628,000	504,366		No	Yes		Yes	
JIM ERNEST REAL ESTATE LOAN		х	709,000	654,247		No	Yes		Yes	
FRED GOMES REAL ESTATE LOAN		х	245,000	206,807		No	Yes		Yes	
HEIDI PARKS REAL ESTATE LOAN		Х	615,000	539,699		No	Yes		Yes	
CELIA TANAKA REAL ESTATE LOAN		х	335,000	335,000		No	Yes		Yes	
PATRICIA DOWD 2 REAL ESTATE LOANS		х	825,000	716,188		No	Yes		Yes	
MOHAMAD SANGABI REAL ESTATE LOAN		х	606,682	606,682		No	Yes		Yes	
CONNIE FINCH REAL ESTATE LOAN		х	275,000	241,614		Νο	Yes		Yes	
FATEMEH SANGABI REAL ESTATE LOAN		x	400,000	351,600		No	Yes		Yes	

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As Filed Data -

DLN: 93493299006361

OMB No 1545-0047

2010

Open to Public Inspection

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization PROVIDENT CREDIT UNION

Employer identification number

94-1482957

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

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MEMBER 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

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		EACH BOARD MEMBER WILL RECEIVE A COMPLETED DRAFT OF THE FORM 990 FOR REVIEW AND BE GIVEN AN OPPORTUNITY TO SUGGEST CORRECTIONS OR REVISIONS PRIOR TO FILING EACH YEAR

Identifier	Return Reference	Explanation
	SECTION B, LINE 12C	ALL STAFF ARE REQUIRED TO SIGN A CONFLICT OF INTEREST FORM ON AN ANNUAL BASIS IN ADDITION, OUR POLICY REQUIRES THAT WE BE NOTIFIED WITHIN 10 DAYS OF ANY EVENT OR CIRCUMSTANCE THAT MAY RESULT IN A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	WE SUBSCRIBE TO NUMEROUS COMPENSATION SURVEYS FOR OFFICERS AND KEY EMPLOYEES THESE ARE REVIEWED AND COMPARED TO CURRENT SALARY LEVELS IN ADDITION, AN ANNUAL EVALUATION OF EACH PERSON'S PERFORMANCE IS COMPLETED INCLUDING ONE FOR THE CEO DONE BY THE BOARD THE BUDGET IS ALSO A LARGE COMPONENT OF THIS DECISION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	FINANCIAL STATEMENTS ARE POSTED IN EACH BRANCH OFFICE AND ON THE WEB THE OTHER DOCUMENTS WOULD BE AVAILABLE ON A CASE BY CASE BASIS

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE POSTED IN EACH BRANCH OFFICE AND ON THE WEB THE GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICIES ARE MADE AVAILABLE ON A CASE BY CASE BASIS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,152,075

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

DLN: 93493299006361

2010

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

## SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

Name of the organization PROVIDENT CREDIT UNION

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.
 ► See separate instructions.

				94-1482957			
Part I Identification of Disregarded Entities (Complete	te ıf the organızatı	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)	( <b>d)</b> te Total income )	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization or more related tax-exempt organizations during the	ations (Complete e tax year.)	ıf the organizatioi	n answered "Yes"	on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13 rolled nization
						Yes	No
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No 5	0135Y	I	Schedule R (	Form 990	2010

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	allocat	ortionate ions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Genei mana parti	ral or aging ner?	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
Down TV Talantis	ination of Dolot	0		bla a a a Camana	tion on Tourst (C					C	000	D T) /

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
	INSURANCE PRODUCTS	CA	PROVIDENT CREDIT UNION	С	1,092,619	8,698,469	100 000 %

che	edule R (Form 990) 2010		Pε	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> D	ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
ь	Gift, grant, or capital contribution to other organization(s)	1b		No
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	10		No
p	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1q		No
r	O ther transfer of cash or property from other organization(s)	1r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) Manual (d)	(d)		

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENT SERVICES CORPORATION INC	Р	1,224,755	
(2)			
(3)			
(4)			
(5)			
( <del>6</del> )			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		all ners ion c)(3) rations?	<b>(e)</b> Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	(h) General o managin partner?	
			Yes	No		Yes	No		Yes	N	
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#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier I Return Reference I	er Return Reference Explanation
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Schedule R (Form 990) 2010