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DLN: 93493320016712

Form **990** 

Department of the Treasury

## **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)

2011

OMB No 1545-0047

Open to Public Inspection

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

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ness revenue from Part VI			6			
			7a	51,036		
ess taxable income from Fo			7b	-135,683		
	·	Pri	or Year	Current Year		
grants (Part VIII, line 1h)			0	(		
		30,692,572	29,800,785			
, , ,						
	-		25,677			
		ine	-			
<u> </u>	<u> </u>			36,853,036		
		•		90,819		
			9,960,266	8,360,865		
mpensation, employee ben	efits (Part IX, column (A), line	s	11.082.542	11,493,773		
aising fees (Part IX, colum	ın (A), line 11e)		0			
			12805958	11,859,672		
	· · · · · ·			31,805,129		
				5,047,907		
				End of Year		
			-	929,601,413		
				826,291,249		
	1 from line 20	•	96,681,181	103,310,164		
	art VIII, column (A), lines and lines 8 through 11 (must a ramounts paid (Part IX, column for members (Part IX, columnensation, employee ben arising fees (Part IX, columnenses (Part IX, columnenses (Part IX, columnenses (Part IX, columnenses (Part IX, column (A), lines 1 and lines 13–17 (must equienses Subtract line 18 from t X, line 16)	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) id lines 8 through 11 (must equal Part VIII, column (A), lines 8 through 11 (must equal Part VIII, column (A), line ramounts paid (Part IX, column (A), lines 1–3)	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Id lines 8 through 11 (must equal Part VIII, column (A), line  r amounts paid (Part IX, column (A), lines 1-3)  r for members (Part IX, column (A), line 4)  mpensation, employee benefits (Part IX, column (A), lines  raising fees (Part IX, column (A), line 11e)  enses (Part IX, column (D), line 25)  Part IX, column (A), lines 11a-11d, 11f-24e)  dd lines 13-17 (must equal Part IX, column (A), line 25)  enses Subtract line 18 from line 12  Beginnin  t X, line 16)  art X, line 26)  d balances Subtract line 21 from line 20  are that I have examined this return, including accompanying schedules and	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  did lines 8 through 11 (must equal Part VIII, column (A), line  38,168,092  r amounts paid (Part IX, column (A), lines 1-3)		

Par	t III		Program Service A O contains a response	Accomplishments e to any question in this Pai	tIII	
HIG	ST CE	LITY FINANCIAL S	NION'S MISSION IS T		NCIAL INSTITUTION FOR ME ATES CONSISTENT WITH MA	
2		ne organization und rior Form 990 or 99		=	year which were not listed on	Γ Yes Γ No
	If "Ye	s," describe these	new services on Schedi	ule O		
3		ne organization ceas ces?	se conducting, or make	significant changes in how	ıt conducts, any program	✓ Yes │ No
	If "Ye	s," describe these	changes on Schedule O			
4	exper	nses Section 501(d	c)(3) and 501(c)(4) org	anizations and section 494	ts three largest program servic 7(a)(1) trusts are required to r r each program service reporte	eport the amount of
4a	(Cod	e	) (Expenses \$	ıncludıng grants of \$	) (Revenue \$	)
	AND				00 MEMBERS THESE INCLUDE SAVING MEMBER SERVICES BRANCHES, ONLIN	
4b	(Cod	e	) (Expenses \$	including grants of \$	) (Revenue \$	)
	WE C	OFFER MANY DIFFERENT NANCE, AND HOME EQU	LOAN PRODUCTS THESE IN	NCLUDE CREDIT CARDS, CONSUN , MEMBER BUSINESS LOANS LOAI	MER PERSONAL, AUTO, AND RV LOANS N DECISIONS ARE MADE LOCALLY, WIT	
	(Cod	<u> </u>	) (Expenses \$	including grants of \$	) (Revenue \$	)
				EVENTS AND CHARITIES OVER S ID COMMUNITY PROJECTS EACH	\$200,000 IS DONATED TO LOCAL CHAR YEAR	RITABLE ORGANIZATIONS,
	Oth	er program services	(Describe in Schedule	e O )		
	(Exp	enses \$	ıncludıng	g grants of \$	) (Revenue \$	)
4e	Tota	al program service e	xpenses <b>⊩</b> \$			

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		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	<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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	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			
a	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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? 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		No
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		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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 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, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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> All Form 990 filers that operated one or more hospitals must attach audited financial statements	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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	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		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 12,935			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
ט		2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	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 or securities account)?	4a		No
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			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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		
	Organizations that may receive deductible contributions under section 170(c).	00		
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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?	_		
	Sponsoring organizations maintaining donor advised funds.	8		
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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate 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 aggregate amount of reserves on hand			
	13c	_		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
-	it vas the stage of the stage of the second three properties of the stage of the st	7/16		

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.

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
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	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6	Yes					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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 evenue Code.)							
- 100	evenue code.		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes					
11a	Has the organization provided a complete 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 the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the							
	organization's exempt status with respect to such arrangements?	16b						
Se								
	ection C. Disclosure							
17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed►CA							

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JAMES SESSA

2650 HARRISON AVENUE EUREKA,CA 95501 (707)443-1138

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

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

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

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e thar	n one son er ar	e boo is bo nd a tee)	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	Former Highest compensated employee Key employee Institutional Trustee or director Schedule Schedule Officer Officer Institutional Trustee			Miscy	organizations					
(1) RONALD RUDEBOCK CHAIRMAN	2 00	х		Х				2,990	0	0
(2) PATRICIA BROWN VICE CHAIRMAN	2 00	х		Х				0	0	0
(3) ROBERT GEARHEART TREASURER	2 00	х		Х				0	0	0
(4) JOYCE JURY SECRETARY	2 00	х		Х				0	0	0
(5) DIANE LEIKER DIRECTOR	1 00	х						0	0	0
(6) JOHN GLADDING DIRECTOR	1 00	х						0	0	0
(7) DENISE JONES DIRECTOR	1 00	х						0	0	0
(8) BRENDAN MCKENNY DIRECTOR	1 00	х						0	0	0
(9) KELLY WALSH DIRECTOR	1 00	х						0	0	0
(10) DEAN CHRISTENSEN PRESIDENT/CEO	40 00			Х				1,079,137	0	24,817
(11) JAMES SESSA SVP ADMIN/CFO	40 00			Х				310,469	0	13,817
(12) DEAN CHARLTON VP MEMBER LOAN SERVICES	40 00					Х		203,555	0	9,513
(13) GLENN POWELL VP INFORMATION SERVICES	40 00					Х		203,789	0	10,069
(14) CHES MEIERDING VP MEMBER SERVICES	40 00					Х		146,199	0	9,155
(15) DENNIS HUNTER VP MARKETING	40 00					Х		174,201	0	9,927
(16) ANN JADRO-BETTIGA VP HUMAN RESOURCES	40 00					Х		135,168	0	21,758

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	unles ar	on (d e tha	n on son er a	e bo ıs b nd a	ox, oth		Rep comp fro organi:	(D) ortable ensation im the zation (W-	(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former					organıza	tions	
							<del>                                     </del>								
				<u> </u>											
				-				_				4			
				$\vdash$				_				+			
		1		$\vdash$				$\vdash$				+			
				+				$\vdash$				+			
												+			
1b	Sub-Total				•			•							
c	Total from continuation sheets  Total (add lines 1b and 1c) .				•	•		<u>▶</u>		2,255,508		0		99,056	
2	Total number of individuals (inc \$100,000 of reportable comper	ludıng but not lır	nited to	thos	e lıs				o receive		n	<u> </u>		33,030	
													Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc.								or highes		ated employee • • •	3		No	
4	For any individual listed on line organization and related organiz											4	Yes		
5	Did any person listed on line 1a services rendered to the organiz								-	•	or individual for •	5		No	
S	ection B. Independent Con	itractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	n the organizatio													
	Nai	( <b>A)</b> me and business ad	dress							Desci	(B) ription of services		(C Comper		
PO B	IEM BLUE CROSS OX 6000 FILE 2953 FRANCISCO, CA 94160									HEALTH INSU	JRANCE			931,877	
COX 2830	RASMUSSEN & CO F ST EKA, CA 95501									MARKETING	SERVICES			469,485	
INFO 141	IMAGE IEFFERSON DR LO PARK, CA 94025									STATEMENT	PROCESSING			401,289	
HARL PO B	AND FINANCIAL OX 535120 NTA, GA 30353									DATA PROCE	SSING			373,829	
VELO										PROGRAM PI	OMOTION			354 266	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►11

Form 9							Page <b>9</b>
Part	<b>/1111</b>	Statement of Revenue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts	1a	Federated campaigns 1a					
g a	Ь	Membership dues 1b					
ts,	С	Fundraising events 1c					
<u> </u>	d	Related organizations 1d  Government grants (contributions) 1e					
ons siri	e f	All other contributions, gifts, grants, and <b>1f</b>					
ž Feri	-	similar amounts not included above  Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	g	lines 1a-1f \$					
Ş Ē	Business Code  2a INTEREST ON LOANS 522100 22,112,110 22,112,1 3 DEPOSIT & LOAN SERVICE 522100 5,866,478 5,866,4 5,866,4 6 6 7 All other program service revenue  9 Total. Add lines 2a-2f 1 Investment income (including dividends, interest and other similar amounts) 1 Income from investment of tax-exempt bond proceeds  1 Income from investment of tax-exempt bond proceeds  1 Income from investment of tax-exempt bond proceeds  2 Interest ON LOANS 522100 5,866,478 5,866,4 5,866,4 6 7,075,258 7,075,258 1 Income from investment of tax-exempt bond proceeds  1 Income from investment of tax-exempt bond proceeds  1 Income from investment of tax-exempt bond proceeds  1 Income from investment of tax-exempt bond proceeds						
<u> </u>			Business Code				
nu ye	2a	INTEREST ON LOANS	522100	22,112,110	22,112,110		
æ	Ь		522100		5,866,478		
¥		ATM & MISC SERVICE INC	522100	1,822,197	1,771,161	51,036	
Š							
Ē		All other program coruce revenue					
Togi	'	· ·					
	+-			29,800,785			
	3		· · ·	7,075,258			7,075,258
	4	•	<b>⊢</b>	, ,			, ,
	5	Royalties	• [				
		(ı) Real	(II) Personal				
	6a	Gross rents         12,500           Less rental         7,342					
	b	expenses					
	C	or (loss)		5.450			5.450
	d	Net rental income or (loss) (i) Securities	► (II) Other	5,158			5,158
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses	48,684				
	c	Gain or (loss)	-48,684	40.004			40.604
	d 8a	Net gain or (loss)	<b>►</b>   	-48,684			-48,684
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18					
her	ь	Less direct expenses b					
ŏ	С	Net income or (loss) from fundraising	events 🟲				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b c	Less direct expenses <b>b</b> Net income or (loss) from gaming acti					
	10a	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b  Net income or (loss) from sales of inv	entory				
		Miscellaneous Revenue	Business Code				
	11a	MISC OTHER INCOME	522100	20,519	20,519		
	b						
	c						
	d e	All other revenue  Total. Add lines 11a-11d	L				
				20,519			
	12	<b>Total revenue.</b> See Instructions .	· · •	36,853,036	29,770,268	51,036	7,031,732

5

7

10

14

15

17

18

19

21 22

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

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 65,069 Grants and other assistance to individuals in the United States See Part IV, line 22 25,750 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 8,360,865 Compensation of current officers, directors, trustees, and 1,431,230 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 6,606,786 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 1,787,210 Other employee benefits . . . . . . 1,077,081 591,466 Fees for services (non-employees) 11 Management . . . . . 32,430 Legal . . . . . . . . . . Accounting . . . . . . . . . . . . 66,733 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 1,124,533 g 12 Advertising and promotion . . . 875,888 Office expenses . . . . . . 2,111,146 13 446,518 Information technology . . . . . Royalties . . 16 1,012,082 230,786 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . . Conferences, conventions, and meetings . . . . 20 3,294,385 Payments to affiliates . . . . Depreciation, depletion, and amortization . . . . . 512,861 134,601 23 Other expenses Itemize expenses not covered above (List 24 miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) ALL OTHER EXPENSES 2,017,709 b d е All other expenses 25 Total functional expenses. Add lines 1 through 24f 31,805,129 Joint costs. Check here ► 🗆 If following

Part X **Balance Sheet** (A) (B) Beginning of year End of year 9.960.227 47,461,036 1 1 2 2 3 3 351.964 4 4 1.239.134 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 411,501,788 7 409,331,398 8 479,977 9 9 703.274 Prepaid expenses and deferred charges . . . . . . 10a 16.848.587 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 7,467,664 b Less accumulated depreciation . . . . . 8,927,287 10c 9,380,923 11 11 441,637,998 12 452,747,150 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 8,427,223 15 8,738,498 15 881,286,464 16 929,601,413 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 5,336,019 17 6,182,696 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 111.572 21 238.825 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 75.244.873 23 78,491,099 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 703,912,819 741,378,629 25 D . . . . 26 784,605,283 26 826,291,249 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 🔽 and complete lines 30 through 34. ö 0 0 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 0 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 103,310,164 32 96,681,181 32 Retained earnings, endowment, accumulated income, or other funds ž 33 96.681.181 33 103.310.164 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 881.286.464 34 929.601.413

Par	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		36,8	353,036
2	Total expenses (must equal Part IX, column (A), line 25)	2			305,129
3	Revenue less expenses Subtract line 2 from line 1	3		5,0	)47,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,6	81,181
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,5	81,076
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		103,3	310,164
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				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		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 taudit, 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 is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
За	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

#### **Additional Data**

Software ID: Software Version:

**EIN:** 94-1287157

Name: COAST CENTRAL CREDIT UNION

Form 990, Special Condition Description:

**Special Condition Description** 

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

DLN: 93493320016712

OMB No 1545-0047

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

**Supplemental Financial Statements** 

Inspection

	me of the organization AST CENTRAL CREDIT UNION	•	Empl	oyer identification	n numbe	r
Pa	rt I Organizations Maintaining Donor Ad			287157 <b>or Accounts.</b> C	omplet	e ıf the
	organization answered "Yes" to Form 99					
_		(a) Donor advised funds	(	<b>b)</b> Funds and othe	raccour	nts
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 advis funds are the organization's property, subject to the o		or advis		_ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bendonferring impermissible private benefit	efit of the donor or donor advisor, or for an	y other	purpose	_ Yes	┌ No
Pa	rt III Conservation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form	990, Part IV, lı	ne 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 qualication easement on the last day of the tax year	on or pleasure)  Preservation of an Preservation of a c	ertified	historic structure		1
				Held at the End	d of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	torıc structure ıncluded ın (a)	2c			
d	Number of conservation easements included in (c) ac	quired after 8/17/06	2d			
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	d by the	e organızatıon dur	ıng	
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	violations, and [	_ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents du	ring the year 🛌		
7	Amount of expenses incurred in monitoring, inspecting					_
	<b>▶</b> \$					
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	Г	_ Yes	┌ No
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			es	
Par	<b>t III</b> Organizations Maintaining Collectio Complete if the organization answered "		or Oth	er Similar Ass	sets.	
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 fur			,
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 ir				
	(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 financ	ial gain, provide t	he	_ <del>_</del>

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	<b>Titl</b> Organizations Maintaining Co	HECCIONS OF AL	<del>(, , , , , , , , , , , , , , , , , , , </del>	COLL	cai ii	easu	ics, or c	uie	i Sillillai A	ssets (	<u>continuea)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ny of th	ne foll	owing t	hat ar	e a signific	ant u	se of its colled	tion	
а	Public exhibition		d	$\vdash$	Loan	or excl	hange prog	rams			
b	Scholarly research		e	$\vdash$	Other	-					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hoi	w the	, furtha	rtha c	organization	1'C AV	emnt nurnose	ın	
7	Part XIV									111	
5	During the year, did the organization solicition assets to be sold to raise funds rather than to								nılar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Compl	ete ıf	the	organı	zatior			es" to Form	<u> </u>	110
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						or other ass	sets i	not	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving t	able		г				
							-	_	A	mount	
С.	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	ne 21?	•						✓ Yes	☐ No
ь	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete										
1-	Degunning of warm halance	(a)Current Year	(Б	)Prior `	Year	(c)⊺w	o Years Back	(d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							+			
Ь	Contributions							+			
с	Investment earnings or losses							+			
d	Grants or scholarships							+			
е	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 🕨										
С	Term endowment ▶										
За	Are there endowment funds not in the posse	ssion of the organiz	zation	that a	are helo	d and a	dmınıstere	d for	the		
	organization by									Ye	s No
	(i) unrelated organizations							•		(i)	
								•		(ii)	<u> </u>
	(ii) related organizations		ے ۔۔ د	I	l - D.O.						
	If "Yes" to 3a(II), are the related organization	ns listed as require						•		8b	
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	ns listed as require e organization's en	dowm	ent fu	nds			•		3 <b>b</b>	<u></u>
4	If "Yes" to 3a(II), are the related organization	ns listed as require e organization's en	dowm	ent fu art X	nds , line 1	LO.		•			<u></u>
4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	ns listed as require e organization's en	dowm	ent fu	nds	LO.	(b)Cost or obasis (oth		(c) Accumulate	nd	Book value
4 Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the triangle Land, Buildings, and Equipment	ns listed as require e organization's en	dowm	ent fu	nds , line 1 Cost or	LO.	(b)Cost or o		(c) Accumulate	nd	Book value
4 Par	If "Yes" to 3a(II), are the related organization  Describe in Part XIV the intended uses of the triangle triang	ns listed as require e organization's en	dowm	ent fu	nds , line 1 Cost or	LO.	(b)Cost or obasis (oth	er)	(c) Accumulate depreciation	d (d)	
Par	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the triangle triangl	ns listed as require e organization's en	dowm	ent fu	nds , line 1 Cost or	LO.	(b)Cost or obasis (oth	er) 3,859 5,735	(c) Accumulate depreciation	(d)	973,859
1a b c	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the triangle triangl	ns listed as require e organization's en	dowm	ent fu	nds , line 1 Cost or	LO.	(b)Cost or obasis (other 973 8,111 1,087	er) 3,859 5,735	(c) Accumulate depreciation 2,149,:	.86	973,859 5,966,549
1a b c d	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipment  Description of property  Land	ns listed as require e organization's en ent. See Form 99	90, Pa	ent fu	nds , line 1 Cost or	LO.	(b)Cost or c basis (oth 973 8,119 1,087 1,899	er) 3,859 5,735 7,607	(c) Accumulate depreciation  2,149,: 501,8 1,388,9	.86 .337	973,859 5,966,549 585,770

Part VII Investments—Other Securities. See F  (a) Description of security or category	Form 990, Part X, line 12.	d of volvetion
(including name of security)	(b)Book value	d of valuation -year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
(3)Other (A) SECURITIES AVAILABLE FOR SALE	398,133,865	F
(B) FHLB STOCK	4,632,200	F
(C) FHLB DAILY	312,983	F
(D) CORPORATE INVESTMENTS	1,647,102	F_
(E) SIMPLE CD DEPOSITS	48,021,000	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	452,747,150	
Part VIII Investments—Program Related. See	Form 990, Part X, line 1	d of valuation
(a) Description of investment type	(b) Book value	- year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes DIVIDENDS PAYABLE	496,438	
WORK IN PROCESS	1,194,347	
SHARES	739,687,844	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	7// 272 722	
TOTAL (Column (ν) Should equal Form 990, Part X, COI (Β) line 25 )	741,378,629	

Par	Reconciliation of Cl	<u>hange in Net Assets from Forr</u>	n 990	<u>0 to Financial Staten</u>	<u>ients</u>					
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1					
2	Total expenses (Form 990, Par	t IX, column (A ), line 25)			2					
3	Excess or (deficit) for the year Subtract line 2 from line 1									
4	Net unrealized gains (losses) on investments									
5	Donated services and use of fac	cilities			5					
6	Investment expenses				6					
7	Prior period adjustments				7					
8	Other (Describe in Part XIV)				8					
9	Total adjustments (net) Add Irr	nes 4 - 8			9					
10	• • • • •	per financial statements Combine line	s 3 an	d 9	10					
Part	· · · · · · · · · · · · · · · · · · ·	evenue per Audited Financial			e per Re	eturn				
1	Total revenue, gains, and othe	r support per audited financial stateme	nts .		1					
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12								
а	Net unrealized gains on invest	ments		2a						
b	Donated services and use of fa	acılıtıes		2b						
C	Recoveries of prior year grants	5		2c						
d	Other (Describe in Part XIV)			2d						
e	Add lines <b>2a</b> through <b>2d</b> .				. 2e					
3	Subtract line ${f 2e}$ from line ${f 1}$ .				3					
4	Amounts 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	_					
С					4c					
5		d <b>4c.</b> (This should equal Form 990, Par								
		xpenses per Audited Financia	Stat	tements With Expens	ses per	Return 				
1	Total expenses and losses per statements	raudited financial			1					
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25								
а	Donated services and use of fa	acılıtıes		2a						
b	Prior year adjustments			2b						
c	Other losses			2c						
d	Other (Describe in Part XIV)			2d						
e	Add lines <b>2a</b> through <b>2d</b>				. 2e					
3					3					
4	Amounts included on Form 990	0, Part IX, line 25, but not on line 1:								
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a						
b	Other (Describe in Part XIV)		•	4b						
С	Add lines <b>4a</b> and <b>4b</b>		•		4c					
5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I, lır	ne 18 )	. 5					
	t XIV Supplemental Inf									
Part		scriptions required for Part II, lines 3, 9, Part XII, lines 2d and 4b, and Part XI  Return Reference			te this pa					

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Schedule I (Form 990)

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

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

Attach to Form 990

OMB No 1545-0047

DLN: 93493320016712

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	0.11					Employer identifi	ication number
COAST CENTRAL CREDIT UNI	ON					94-1287157	
Part I General Inform	nation on Grants a	and Assistance				<b>'</b>	
<ul><li>Does the organization main the selection criteria used</li><li>Describe in Part IV the organization</li></ul>	to award the grants or	rassistance?					₹Yes 「N
Form 990, Part IV	V, line 21 for any re	Governments and ecipient that received ) if additional space i	l more than \$5,000.	Check this box if r	no one recipient rece	ived more than \$5,0	000. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE EMMA CENTER 5251 ERICSON WAY SUITE 3 ARCATA,CA 95521	52-2413340	501(C)(3)	5,000				SERVICES FOR HOMELESS
(2) HUMBOLDT MEDI- TRANS3120 HALFWAY AVE MCKINLEYVILLE,CA 955199332	86-1156209	501(C)(3)	8,450				MEDICAL TRANSPORT
(3) NORTH COAST HONOR FLIGHT2283 MYRTLE AVE EUREKA,CA 95501	27-1339423	501(C)(3)	20,000				TRANSPORT WWII VETS TO WASHINGTON, DC
(4) HUMAN RESPONSE NETWORK111 MOUNTAIN VIEW ST WEAVERVILLE, CA 96093	68-0032176	501(C)(3)	10,000				FACILITIES EXPENSES
(5) CITY OF RIO DELL - FIREMAN'S PARK675 WILDWOOD AVE RIO DELL, CA 95562	94-1603860		5,990				PARK EQUIPMENT
(6) PARTICULAR COUNCIL OF REDWOOD REGION OF THE SOCIETY OF ST VINCENT DE PAUL212 G STREET EUREKA,CA 95501	94-1573587	501(C)(3)	15,629				REPLACE ROOF ON BUILDING

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of non-cash assistance
(1) COLLEGE SCHOLARSHIPS	27	25,750			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 THE MARKETING DEPT APPROVES PAYMENT OF GRANT EXPENSES TO ORGANIZATIONS AND THE ADMINISTRATION APPROVES SCHOLARSHIPS FUNDS ARE SENT DIRECTLY TO THE FINANCIAL AID OFFICES OF THE COLLEGES THE STUDENTS WILL BE ATTENDING IF THE STUDENTS DO NOT ACTUALLY ENROLL, THE FUNDS ARE RETURNED TO US

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DLN: 93493320016712

OMB No 1545-0047

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

**Compensation Information** 

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name	of	the	org	an	iza	tic	or
COAST	CEN	NTRA	L CR	ED	пι	JNI	0

**Employer identification number** 

94-1287157

Pa	rt I Questions Regarding Compensation		<u> </u>			
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri			1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee  Independent compensation consultant	it apply	y Written employment contract Compensation survey or study			
	Form 990 of other organizations	<u>  -                                   </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vıde th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of					
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, li compensation contingent on the net earnings of	ne 1a,	did the organization pay or accrue any			
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, payments not described in lines 5 and 6? If "Yes," de			7		
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III			8		
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$ ?	rebutta	able presumption procedure described in Regulations	9		

#### 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC 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	
(1) DEAN CHRISTENSEN	(I) (II)	444,906 0	208,684 0	425,547 0	3,943 0	20,874 0	1,103,954 0		
(2) JAMES SESSA	(I) (II)	222,019 0	70,110 0	18,340 0	1,267 0	12,550 0	324,286 0		
(3) DEAN CHARLTON	(I) (II)	161,485 0	42,070 0	0	1,272 0	8,241 0	213,068 0		
(4) GLENN POWELL	(I) (II)	163,829 0	39,960 0	0 0	1,019 0	9,050 0	213,858 0		
(5) CHES MEIERDING	(I) (II)	111,819 0	34,380 0	0	914 0	8,241 0	155,354 0		
(6) DENNIS HUNTER	(I) (II)	139,771 0	34,430 0	0	1,686 0	8,241 0	184,128 0		
(7) ANN JADRO- BETTIGA	(I) (II)	118,608 0	16,560 0	0	13,517 0	8,241 0	156,926 0		

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	PART I, LINE 1A	TRAVEL BOARD MEMBERS CAN TAKE A GUEST ON UP TO TWO CONFERENCES PER YEAR THE GUEST EXPENSES PAID BY THE CREDIT UNION SHOULD BE REPORTED AS TAXABLE INCOME BY THE BOARD MEMBER MEMBERSHIP DUES THE CREDIT UNION PAYS FOR MANAGEMENT EMPLOYEES' DUES TO SERVICE CLUBS SUCH AS ROTARY, KIWANIS, ETC , FOR EDUCATIONAL, NETWORKING, AND COMMUNITY SERVICE PURPOSES
	PART I, LINE 4B	DEAN CHRISTENSEN PARTICIPATED IN A NON-QUALIFIED 457F RETIREMENT PLAN DURING 2011, THE PLAN DISTRIBUTED \$200,000 AND A CONTRIBUTION OF \$50,000 WAS MADE TO THE PLAN
SUPPLEMENTAL INFORMATION	PART I, LINE 4B PART III	PURPOSES DEAN CHRISTENSEN PARTICIPATED IN A NON-QUALIFIED 457F RETIREMENT PLAN DURING 2011, THE PLAN DISTRIBUTED \$200,000 AND A
		REALIZED/RECEIVED BY THE PRESIDENT DUE TO MARKET FLUCTUATIONS THAT MAY OCCUR BETWEEN THE DATE THE CONTRIBUTION IS MADE AND THE DATE THE PRESIDENT ACTUALLY RECEIVES THE 457(F) PLAN BENEFIT THE AMOUNT OF ECONOMIC BENEFIT TO THE PRESIDENT INCLUDED IN COLUMN (C) OF SCHEDULE J, WITH RESPECT ONLY TO THE 457(F) PLAN BENEFIT, IS \$2,273 AND THE REMAINING ECONOMIC BENEFIT OF \$1,670 IS ATTRIBUTABLE TO THE 401(K) PLAN TOGETHER, THE AMOUNTS OF \$2,273 AND \$1,670 (\$3,943) REFLECT THE ECONOMIC BENEFIT OF THE 457(F) AND 401(K) CONTRIBUTIONS THAT ARE ATTRIBUTABLE TO SERVICES PROVIDED BY THE PRESIDENT DURING 2011 (1/22ND), WHILE THE REMAINING PORTION OF THESE BENEFITS (\$82,807 OR 21/22ND) REFLECTS COMPENSATION FOR
		SERVICES RENDERED BY THE PRESIDENT DURING THE PERIOD OF 1990 THROUGH 2010 IN PRIOR YEARS COAST CENTRAL CREDIT UNION HAS ATTACHED TO ITS 990 FILING A "SPLIT DOLLAR NONRECOURSE LOAN REPRESENTATION" THE 2011 FORM 990 DOES NOT ALLOW PDF ATTACHMENTS TO BE INCLUDED WITH THE ELECTRONICALLY FILED FORM 990, WITH THE EXCEPTION OF SPECIFIC ATTACHMENTS REQUIRED BY THE IRS THIS IS A CHANGE FROM THE 2010 FORM COAST CENTRAL CREDIT UNION HAS AN E-FILE REQUIREMENT AND CANNOT PAPER FILE THE RETURN UNLESS REQUIRED BY THE IRS IF A PAPER COPY IS FILED WHEN IT IS NOT REQUIRED THE IRS MAY CONSIDER THE RETURN AS NOT TIMELY FILED, THEREFORE THE "SPLIT DOLLAR NONRECOURSE REPRESENTATION" IS AVAILABLE UPON REQUEST

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization COAST CENTRAL CREDIT UNION

**Employer identification number** 

94-1287157

ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	EBANKING AND BILL PAY PROGRAMS UNDERWENT MAJOR UPGRADES
	FORM 990, PART VI, SECTION A, LINE 6	THE CREDIT UNION'S MEMBERS HAVE RIGHTS TO ELECT THE MEMBERS OF THE GOVERNING BODY THE CREDIT UNION'S MEMBERS ALSO RECEIVE A SHARE OF THE ORGANIZATION'S PROFITS IN THE FORM OF CASH DIVIDENDS
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO ELECT ONE OR MORE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY, WHETHER PERIODICALLY, OR AS VACANCIES ARISE, OR OTHERWISE
	FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE CREDIT UNION HAVE THE RIGHT TO APPROVE THE GOVERNING BODY'S ELECTION AND REMOVAL OF MEMBERS OF THE GOVERNING BODY, AS WELL AS OTHER MATTERS THAT ARE SUBJECT TO THE APPROVAL OF MEMBERS OF THE CREDIT UNION AS THEY OCCUR
	FORM 990, PART VI, SECTION B, LINE 11	THE ACCOUNTING DEPARTMENT PREPARES THE INFORMATION WHICH IS THEN REVIEWED BY SENIOR MANAGEMENT A COPY OF FORM 990 WILL BE PRESENTED TO THE BOARD PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CREDIT UNION HAS A CONFLICT OF INTEREST POLICY FOR ITS STAFF, OFFICIALS, AND THE BOARD OF DIRECTORS CONFLICT OF INTEREST BY EMPLOYEES WHEN HANDLING MEMBER ACCOUNTS IS MONITORED BY THE COMPUTER SYSTEM BOARD MEMBERS CANNOT VOTE ON MATTERS WHERE THERE IS A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY DURING THE BUDGET PROCESS, THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE COMPENSATION RANGES FOR EACH POSITION THESE RANGES ARE DEVELOPED BY THE HUMAN RESOURCES DEPARTMENT USING COMPARABLE DATA SPECIFIC TO THE CREDIT UNION INDUSTRY THE CEO SALARY IS BY CONTRACT AND REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE POSTED IN THE LOBBIES OF ALL OFFICES ALL OTHER REQUESTS MUST BE PRESENTED IN WRITING TO THE BOARD OF DIRECTORS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	CHANGE IN UNREALIZED 1,581,076 TOTAL TO FORM 990, PART XI, LINE 5 1,581,076