



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.IRS.gov/form990

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
TRAVIS CREDIT UNION
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
PO BOX 2069
City or town, state or province, country, and ZIP or foreign postal code
VACAVILLE, CA 95696

D Employer identification number
94-1242831
E Telephone number
(707) 469-1671
G Gross receipts \$ 173,016,004

F Name and address of principal officer
BARRY NELSON
PO BOX 2069
VACAVILLE, CA 95696

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c)(14)
4947(a)(1) or 527

J Website: WWW TRAVIS CU ORG

K Form of organization
Corporation
Trust
Association
Other CREDIT UNION

L Year of formation 1951
M State of legal domicile CA

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and net assets.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here
Signature of officer: BARRY NELSON CEO
Date: 2015-09-04

Paid Preparer Use Only
Preparer's name: VALENTINO CREUS CPA
Firm's name: TURNER WARREN HWANG & CONRAD ACCTCY

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT ANDSAVINGS AMONG ITS MEMBERS, CREATING A SOURCE OF CREDIT FOR THEM AT RATES OF INTEREST SET BY THE BOARD OF DIRECTORS, AND PROVIDING AN OPPORTUNITY FOR THEM TO USE AND CONTROL THEIR OWN MONEY ON A DEMOCRATIC BASIS IN ORDER TO IMPROVE THEIR ECONOMIC AND SOCIAL CONDITIONS AS A COOPERATIVE, TRAVIS CREDIT UNION CONDUCTSITS BUSINESS FOR THE MUTUAL BENEFIT AND GENERAL WELFARE OF ITSMEMBERS WITH THE EARNINGS, SAVINGS, BENEFITS, OR SERVICES OF THE CREDIT UNION BEING DISTRIBUTED TO ITS MEMBERS AS PATRONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)
TRAVIS CREDIT UNION PROVIDES A VARIETY OF LOANS INCLUDING AUTO, MORTGAGES, CREDIT CARD, SMALL BUSINESS AND UNSECURED AT COMPETITIVE RATES FOR OUR MEMBERSHIP, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
TRAVIS CREDIT UNION PROVIDES A VARIETY OF SAVINGS ACCOUNTS INCLUDING SAVINGS, DEMAND, MONEY MARKET, CERTIFICATES AND INVESTMENTS AT COMPETITIVE RATES FOR OUR MEMBERSHIP, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)
TRAVIS CREDIT UNION PROVIDES FINANCIAL SERVICES TO OUR MEMBERSHIP WHICH ARE SMALL BUSINESS OWNERS DEVELOPING THEIR OWN BUSINESSES IN THE COMMUNITY THESE MEMBERS PROVIDE VALUED SERVICES AND EMPLOYMENT TO OUR COMMUNITY MEMBERS THEREBY PROVIDING FUTURE GROWTH AND A STRONGER QUALITY OF LIFE

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>		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, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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 "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> </p>	<p>21</p>	<p>Yes</p>	
<p>22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> </p>	<p>22</p>		<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> </p>	<p>23</p>	<p>Yes</p>	
<p>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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25a</p>		
<p>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? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		
<p>26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> </p>	<p>26</p>	<p>Yes</p>	
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> </p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> </p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> </p>	<p>28b</p>		<p>No</p>
<p>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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> </p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p>	<p>32</p>		<p>No</p>
<p>33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		
<p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>36</p>		
<p>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? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (9); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 15b 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? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records. MARTIN FLEISCHER CONTROLLER

PO BOX 2069
VACAVILLE, CA 95696 (707) 469-1671

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

Check if Schedule O contains a response or note to any line 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,097,515	0	1,638,380

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶**36

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
HEARN ENTERPRISES INC 536 DAVIS STREET VACAVILLE, CA 95688	DIXON BRANCH CONSTRUCTION	611,146
WORKFLOWONE PO BOX 644039 PITTSBURGH, PA 152644039	MEMBER STATEMENT PREP	492,205
PRIME VALUATION SERVICES LLC PO BOX 202863 DALLAS, TX 753202863	APPRAISALS	440,308
TIME PRINTING INC 1614 D STREET SACRAMENTO, CA 95814	PRINTING SERVICES	417,800
ACCENTURE LLP 161 N CLARK STREET CHICAGO, IL 60601	MORTGAGE LOAN ORIGINATION SYSTEM	280,888

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶**9

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f					
Program Service Revenue	2a INTEREST ON LOANS	Business Code 522100	63,170,998	63,170,998		
	b OTHER OPERATING INCOME	522100	17,208,932	17,174,127	34,805	
	c FEE INCOME	522100	8,803,877	8,445,829	358,048	
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		89,183,807			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		14,383,472	14,383,472	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities	63,932,856			
		(ii) Other		3,797,576		
		b Less cost or other basis and sales expenses	63,639,264		4,907,861	
		c Gain or (loss)	293,592		-1,110,285	
d Net gain or (loss)			-816,693	-816,693		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses b				
		c Net income or (loss) from fundraising events				
9a Gross income from gaming activities See Part IV, line 19		a				
		b Less direct expenses b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a OTHER NON-OPERATING INCOME	522100	1,718,293	1,739,454	-21,161		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,718,293				
12 Total revenue. See Instructions		104,468,879	104,097,187	371,692	0	

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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	54,100			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,097,515			
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	25,216,083			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,191,048			
9	Other employee benefits	4,790,723			
10	Payroll taxes	2,333,583			
11	Fees for services (non-employees)				
a	Management				
b	Legal	99,121			
c	Accounting	153,920			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	810,550			
12	Advertising and promotion	2,572,662			
13	Office expenses	9,245,277			
14	Information technology	2,989,240			
15	Royalties				
16	Occupancy	3,440,144			
17	Travel	807,527			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,770,331			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,960,262			
23	Insurance	380,194			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	LOAN SERVICING EXPENSE	6,201,007			
b	PROV FOR LOAN LOSSES	2,249,685			
c	MISC OPERATING EXPENSES	1,389,150			
d	OPERATING FEES	196,443			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	76,948,565			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,413,964	1	17,914,558
	2 Savings and temporary cash investments	102,021,594	2	52,604,476
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	4,638,773	5	4,136,014
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,556,360	9	2,815,802
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 66,383,571		
	b Less accumulated depreciation	10b 29,488,193	35,949,356	10c 36,895,378
	11 Investments—publicly traded securities	832,762,282	11	769,171,843
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	1,100,566,546	13	1,346,744,823
	14 Intangible assets	912,931	14	689,356
	15 Other assets. See Part IV, line 11	54,716,755	15	71,206,524
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,144,538,561	16	2,302,178,774	
Liabilities	17 Accounts payable and accrued expenses	15,406,524	17	16,976,269
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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 D	1,894,255,341	25	2,009,255,841
	26 Total liabilities. Add lines 17 through 25	1,909,661,865	26	2,026,232,110
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	234,876,696	32	275,946,664
33 Total net assets or fund balances	234,876,696	33	275,946,664	
34 Total liabilities and net assets/fund balances	2,144,538,561	34	2,302,178,774	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,468,879
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,948,565
3	Revenue less expenses Subtract line 2 from line 1	3	27,520,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	234,876,696
5	Net unrealized gains (losses) on investments	5	13,549,654
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	275,946,664

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICIA MORENO BOARD CHAIRPERSON	1 00	X						2,439	0	0
(1) DEBORAH ASPLING BOARD VICE CHAIRPERSON	1 00	X						0	0	0
(2) MARY COBURN SECRETARY	1 00	X						3,028	0	0
(3) THOMAS KULINKSI TREASURER	1 00	X						898	0	0
(4) CURT NEWLAND BOARD MEMBER	1 00	X						2,662	0	0
(5) LEONARD AUGUSTINE BOARD MEMBER	1 00	X						1,832	0	0
(6) TIMOTHY TRUESDALE BOARD MEMBER	1 00	X						1,002	0	0
(7) ANN ROLLIN BOARD MEMBER	1 00	X						0	0	0
(8) DEE ALARCON BOARD MEMBER	1 00	X						1,453	0	0
(9) STUART MCINTOSH BOARD MEMBER (EMERITUS)	0 00	X						0	0	0
(10) JAMES PORTER BOARD MEMBER (EMERITUS)	0 00	X						0	0	0
(11) JOHANNA BENKER SUPV CMTE CHAIRPERSON	1 00	X						0	0	0
(12) DOUGLAS BEAUMONT SUPV CMTE MEMBER	1 00	X						1,635	0	0
(13) ARTURO REYES SUPV CMTE MEMBER	1 00	X						0	0	0
(14) BARRY NELSON PRESIDENT/CEO	40 00			X				486,163	0	375,509
(15) PATSY VAN OUWERKERK PRESIDENT/CEO (FORMER)	40 00			X				1,297,327	0	194,777
(16) IVAN JONES SVP/CFO	40 00			X				181,424	0	29,600
(17) NAVNEET KHANNA EVP	40 00			X				269,675	0	151,024
(18) RICHARD ROARK SVP/CIO	40 00			X				218,320	0	125,288
(19) STACY FIFIELD SVP/CLO	40 00			X				213,752	0	141,243
(20) MISUN THOMPSON SVP/COO	40 00			X				196,791	0	128,579
(21) ARIC N KOSHIYAMA SR FINANCIAL CONSULTANT	40 00				X			269,728	0	19,897
(22) ARTHUR SCHWARTZ SENIOR VP OF ADMINISTRATION	40 00				X			212,199	0	150,110
(23) RICHARD BRINGGOLD COMMERCIAL LOAN OFFICER	40 00				X			200,520	0	4,433
(24) GLORIA NUNEZ VP OPERATIONS	40 00				X			191,204	0	45,285

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) CATHY GRIMES VP MARKETING	40 00				X			186,079	0	26,266
(1) CRAIG BEAUDRY VP IT OPERATIONS	40 00				X			161,735	0	30,460
(2) TERESA SHAFER VP OF HUMAN RESOURCES	40 00				X			159,879	0	31,076
(3) STEVEN LANGLEY VP SALES AND SERVICE	40 00				X			154,213	0	37,373
(4) KARUNA FRANCINE BOARDS VP BUSINESS LENDING & SERV	40 00					X		146,435	0	23,458
(5) SHERRY CORDONNIER DIRECTOR OF PUBLIC RELATIONS	40 00					X		138,861	0	14,949
(6) CRAIG CRISMON AVP IT NETWORK	40 00					X		138,767	0	37,791
(7) THOMAS CORIO DIRECTOR OF AUDITING	40 00					X		131,652	0	32,357
(8) MARK VINELLA DIRECTOR OF COMPLIANCE	40 00					X		127,842	0	38,905

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2014

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (TRAVIS CREDIT UNION) and Employer identification number (94-1242831)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$ 4,000
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Row 1: (1) CCUL-PAC, 1201 K STREET SUITE 1050 SACRAMENTO, CA 95814, 94-0357265, 4,000, 0

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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			
a Volunteers?			
b 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?			
e 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?			
j Total. Add 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART I-A, LINE 1	CONTRIBUTION TO CALIFORNIA CREDIT UNION LEAGUE TO PROMOTE TRADE INFORMATION PERTAINING TO CREDIT UNIONS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,352,246		6,352,246
b Buildings		35,669,210	11,979,616	23,689,594
c Leasehold improvements		5,913,989	5,025,146	888,843
d Equipment		18,448,126	12,483,431	5,964,695
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,895,378

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	104,468,879
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	104,468,879
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	104,468,879

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	76,948,565
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	76,948,565
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	76,948,565

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	FASB ASC 740-10-65, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS DEEMED TO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEAR ENDED DECEMBER 31, 2014, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS. THE CREDIT UNION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY FEDERAL TAX AUTHORITIES FOR YEARS BEFORE 2011 AND STATE TAX AUTHORITIES FOR YEARS BEFORE 2010.

**Schedule I
(Form 990)**

OMB No 1545-0047

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

2014

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

▶ Attach to Form 990.

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number
94-1242831

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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) CREDIT UNION MIRACLE DAY INC PO BOX 27637 WASHINGTON,DC 20038	52-2341329	501(C)(3)	10,000		FMV		TO GIVE HOPE AND HEAL CHILDREN
(2) TRAVIS FISHER HOUSE 101 BODIN CIRCLE TRAVIS AIR FORCE BASE, CA 94535	68-0038761	501(C)(3)	10,000		FMV		PROVIDE HOUSING FOR FAMILIES OF LONG TERM PATIENTS
(3) WORLD COUNCIL OF CREDIT UNIONS 5710 MINERAL POINT RD MADISON,WI 537054493	39-6093210	501(C)(3)	10,000		FMV		PHILIPPINE DISASTER RELIEF

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

3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b	Yes	
4c		No
5a		
5b		
6a		
6b		
7		
8		
9		

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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	<p>457(B) NON-QUALIFIED DEFERRED COMPENSATION PLAN ELIGIBILITY IS LIMITED TO EMPLOYEES IN A POSITION OF VICE PRESIDENT OR ABOVE, OR THOSE EMPLOYEES INDIVIDUALLY SELECTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THOSE ELIGIBLE ARE ABLE TO PARTICIPATE EFFECTIVE THEIR DATE OF HIRE INTO A POSITION OF VICE PRESIDENT OR ABOVE, OR THE EFFECTIVE DATE OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS' APPOINTED ELIGIBILITY TO THE PLAN THE PLAN MATCHES THE PARTICIPANT'S CONTRIBUTIONS DOLLAR FOR DOLLAR UP TO A CALENDAR YEAR MAXIMUM THE CALENDAR YEAR MAXIMUM, THAT A PARTICIPANT CAN CONTRIBUTE, IS 50% OF THE ALLOWABLE AMOUNT UNDER CODE SECTION 457(E) (15), SO FOR 2014 THE MAXIMUM PARTICIPANT CONTRIBUTION IS \$8,750 THE PLAN DOES NOT HAVE A VESTING SCHEDULE, SO CONTRIBUTIONS ARE 100% VESTED PARTICIPANTS MAY NOT RECEIVE A DISTRIBUTION PRIOR TO SEVERANCE OF EMPLOYMENT WITH TCU 457(F) NON-QUALIFIED SERP DESIGNED TO PROVIDE A SPECIFIC DOLLAR AMOUNT BY THE TIME A PARTICIPANT IS TENURED THE TOTAL BENEFIT AMOUNT IS ACCRUED OVER THE LENGTH OF EMPLOYMENT OF THE PARTICIPANT THE AMOUNT IS "CLIFF VESTED" OVER 3 PERIODS, WITH THE FINAL AND LARGEST VESTING AT RETIREMENT FUNDS ARE DISTRIBUTED ON EACH VESTING DATE IN THE AMOUNT SPECIFIED IN THE VESTING SCHEDULE FORFEITURE EVENTS ARE INVOLUNTARY SEPARATION WITH CAUSE AND, VOLUNTARY SEPARATION WITHOUT GOOD REASON PAYMENT OF BENEFITS DEPENDS ON THE EVENT THAT TRIGGERS A PAYMENT THESE EVENTS AND PAYMENTS ARE FULL PAYMENT OF AMOUNT ACCRUED AS OF EACH CLIFF VESTING DATE, AMOUNT ACCRUED-TO-DATE WILL BE PAID UPON DEATH PRIOR TO RETIREMENT, VOLUNTARY SEPARATION FOR GOOD REASON, INVOLUNTARY SEPARATION WITHOUT CAUSE, SEPARATION DUE TO DISABILITY PARTICIPANTS IN THE PLAN ARE BARRY NELSON, PATSY VAN OUWERKERK, IVAN JONES, NAVNEET KHANNA, RICHARD ROARK, STACY FIFIELD, MISUN THOMPSON AND ARTHUR SCHWARTZ</p>

Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BARRY NELSON, PRESIDENT/CEO	(i) (ii)	335,699 0	30,756 0	119,708 0	349,781 0	25,728 0	861,672 0	100,137 0
1 PATSY VAN OUWERKERK, PRESIDENT/CEO (FORMER)	(i) (ii)	370,213 0	86,431 0	840,683 0	181,836 0	12,941 0	1,492,104 0	0 0
2 IVAN JONES, SVP/CFO	(i) (ii)	161,728 0	13,076 0	6,620 0	23,907 0	5,693 0	211,024 0	0 0
3 NAVNEET KHANNA, EVP	(i) (ii)	238,331 0	23,807 0	7,537 0	115,808 0	35,216 0	420,699 0	0 0
4 RICHARD ROARK, SVP/CIO	(i) (ii)	189,306 0	22,294 0	6,720 0	101,560 0	23,728 0	343,608 0	0 0
5 STACY FIFIELD, SVP/CLO	(i) (ii)	186,385 0	19,303 0	8,064 0	130,518 0	10,725 0	354,995 0	0 0
6 MISUN THOMPSON, SVP/COO	(i) (ii)	171,933 0	17,249 0	7,609 0	104,855 0	23,724 0	325,370 0	0 0
7 ARIC N KOSHIYAMA, SR FINANCIAL CONSULTANT	(i) (ii)	35,126 0	234,122 0	480 0	11,059 0	8,838 0	289,625 0	0 0
8 ARTHUR SCHWARTZ, SENIOR VP OF ADMINISTRATION	(i) (ii)	185,198 0	18,242 0	8,759 0	117,390 0	32,720 0	362,309 0	0 0
9 RICHARD BRINGGOLD, COMMERCIAL LOAN OFFICER	(i) (ii)	63,923 0	135,930 0	667 0	2,225 0	2,208 0	204,953 0	0 0
10 GLORIA NUNEZ, VP OPERATIONS	(i) (ii)	161,733 0	17,075 0	12,396 0	17,358 0	27,927 0	236,489 0	0 0
11 CATHY GRIMES, VP MARKETING	(i) (ii)	161,664 0	16,581 0	7,834 0	16,902 0	9,364 0	212,345 0	0 0
12 CRAIG BEAUDRY, VP IT OPERATIONS	(i) (ii)	140,812 0	14,544 0	6,379 0	5,875 0	24,585 0	192,195 0	0 0
13 TERESA SHAFER, VP OF HUMAN RESOURCES	(i) (ii)	140,651 0	11,624 0	7,604 0	15,978 0	15,098 0	190,955 0	0 0
14 STEVEN LANGLEY, VP SALES AND SERVICE	(i) (ii)	132,445 0	14,409 0	7,359 0	15,678 0	21,695 0	191,586 0	0 0
15 KARUNA FRANCINE BOARDS, VP BUSINESS LENDING & SERV	(i) (ii)	126,292 0	13,373 0	6,770 0	0 0	23,458 0	169,893 0	0 0
16 SHERRY CORDONNIER, DIRECTOR OF PUBLIC RELATIONS	(i) (ii)	128,292 0	8,414 0	2,155 0	5,495 0	9,454 0	153,810 0	0 0
17 CRAIG CRISMON, AVP IT NETWORK	(i) (ii)	128,635 0	9,328 0	804 0	6,862 0	30,929 0	176,558 0	0 0
18 THOMAS CORIO, DIRECTOR OF AUDITING	(i) (ii)	119,010 0	8,346 0	4,296 0	15,070 0	17,287 0	164,009 0	0 0
19 MARK VINELLA, DIRECTOR OF COMPLIANCE	(i) (ii)	118,507 0	8,602 0	733 0	6,329 0	32,576 0	166,747 0	0 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$ 4,136,014

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) PATSY VAN OUWERKERK	OFFICER	FIRST MORTGAGE		X	503,000	350,662		No	Yes		Yes	
(2) PATSY VAN OUWERKERK	OFFICER	HOME EQUITY LINE		X	369,000	366,160		No	Yes		Yes	
(3) PATSY VAN OUWERKERK	OFFICER	CREDIT CARD		X	25,000	5,209		No	Yes		Yes	
(4) BARRY NELSON	OFFICER	FIRST MORTGAGE		X	478,000	399,222		No	Yes		Yes	
(5) BARRY NELSON	OFFICER	HOME EQUITY		X	50,000	8,692		No	Yes		Yes	
(6) RICHARD ROARK	OFFICER	CREDIT CARD		X	6,000	5,980		No	Yes		Yes	
(7) NAVNEET KHANNA	OFFICER	FIRST MORTGAGE		X	579,000	366,732		No	Yes		Yes	
(8) NAVNEET KHANNA	OFFICER	CREDIT CARD		X	20,000	3		No	Yes		Yes	
(9) ARTHUR SCHWARZ	KEY EMPLOYEE	FIRST MORTGAGE		X	417,000	400,504		No	Yes		Yes	
(10) GLORIA NUNEZ	KEY EMPLOYEE	FIRST MORTGAGE		X	312,800	276,841		No	Yes		Yes	
(11) GLORIA NUNEZ	KEY EMPLOYEE	CREDIT CARD		X	14,400	4,658		No	Yes		Yes	
(12) STEVEN LANGLEY	KEY EMPLOYEE	FIRST MORTGAGE		X	220,000	193,674		No	Yes		Yes	
(13) CRAIG BEAUDRY	KEY EMPLOYEE	CREDIT CARD		X	8,700	7,368		No	Yes		Yes	
(14) STEVEN LANGLEY	KEY EMPLOYEE	CREDIT CARD		X	7,200	670		No	Yes		Yes	
(15) STEVEN LANGLEY	KEY EMPLOYEE	HOME EQUITY LINE		X	20,000	11,323		No	Yes		Yes	
(16) ANN ROLLIN	DIRECTOR	CREDIT CARD		X	14,000	1,470		No	Yes		Yes	
(17) DEE ALARCON	DIRECTOR	CREDIT CARD		X	20,000	9,133		No	Yes		Yes	
(18) ANN ROLLIN	DIRECTOR	FIRST MORTGAGE		X	138,000	110,371		No	Yes		Yes	
(19) JOHANNA BENKER	DIRECTOR	FIRST MORTGAGE		X	255,700	205,527		No	Yes		Yes	
(20) GLORIA NUNEZ	KEY EMPLOYEE	SHARE SECURED		X	20,000	23,931		No	Yes		Yes	
(21) STACY FIFIELD	OFFICER	AUTOMOBILE		X	35,000	16,020		No	Yes		Yes	
(22) STACY FIFIELD	OFFICER	CREDIT CARD		X	25,000	21,615		No	Yes		Yes	
(23) MISUN THOMPSON	OFFICER	FIRST MORTGAGE		X	405,000	306,092		No	Yes		Yes	
(24) MISUN THOMPSON	OFFICER	AUTOMOBILE		X	27,161	19,229		No	Yes		Yes	
(25) MISUN THOMPSON	OFFICER	CREDIT CARD		X	15,000	2,260		No	Yes		Yes	
(26) CRAIG BEAUDRY	KEY EMPLOYEE	AUTOMOBILE		X	58,837	50,314		No	Yes		Yes	
(27) THOMAS KULINSKI	DIRECTOR	FIRST MORTGAGE		X	93,400	89,358		No	Yes		Yes	
(28) THOMAS KULINSKI	DIRECTOR	CREDIT CARD		X	12,000	2,961		No	Yes		Yes	
(29) MARY COBURN	DIRECTOR	CREDIT CARD		X	10,000	740		No	Yes		Yes	
(30) DEE ALARCON	DIRECTOR	FIRST MORTGAGE		X	154,700	141,548		No	Yes		Yes	
(31) ARTURO REYES	DIRECTOR	CREDIT CARD		X	12,000	10,680		No	Yes		Yes	
(32) STACY FIFIELD	OFFICER	AUTOMOBILE		X	35,000	29,583		No	Yes		Yes	
(33) IVAN JONES	OFFICER	AUTOMOBILE		X	27,990	15,736		No	Yes		Yes	
(34) TERESA SHAFER	KEY EMPLOYEE	CREDIT CARD		X	5,000	3,194		No	Yes		Yes	
(35) TERESA SHAFER	KEY EMPLOYEE	CREDIT CARD		X	20,000	8,158		No	Yes		Yes	
(36) PAT MORENO	DIRECTOR	CREDIT CARD		X	10,000	10		No	Yes		Yes	
(37) BARRY NELSON	OFFICER	AUTO LOAN		X	23,587	14,903		No	Yes		Yes	
(38) RICHARD ROARK	OFFICER	AUTO LOAN		X	41,829	41,228		No	Yes		Yes	
(39) STACY FIFIELD	OFFICER	AUTOMOBILE		X	44,105	44,105		No	Yes		Yes	
(40) MISUN THOMPSON	OFFICER	HOME EQUITY		X	50,000	10,000		No	Yes		Yes	
(41) CATHY GRIMES	KEY EMPLOYEE	CREDIT CARD		X	50,000	150		No	Yes		Yes	
(42) IVAN JONES	OFFICER	FIRST MORTGAGE		X	560,000	560,000		No	Yes		Yes	

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE GOVERNING BOARD OF TRAVIS CREDIT UNION IS COMPRISED OF VOLUNTEER MEMBERS WHO ARE DIRECTLY ELECTED BY ITS MEMBERS EACH MEMBER OF THE GOVERNING BOARD SERVES FOR A PERIOD AS PRESCRIBED BY OUR BY-LAWS
FORM 990, PART VI, SECTION A, LINE 7B	AT THE END OF EACH TERM OF THE BOARD MEMBERS, ELECTIONS ARE HELD AND BOARD MEMBERS ARE VOTED BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS BY-LAWS MEMBER VOTES ARE ALSO REQUIRED TO RATIFY DECISIONS DEALING WITH REORGANIZATIONS AS IN THE CASE OF MERGER OR DISSOLUTION
FORM 990, PART VI, SECTION B, LINE 11	EACH BOARD MEMBER SHALL RECEIVE A COMPLETED DRAFT OF THE FORM 990 FOR REVIEW PRIOR TO FILING EACH YEAR
FORM 990, PART VI, SECTION B, LINE 12C	ON A MONTHLY BASIS, MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST OR CONCERNS AND RECUSE THEMSELVES WHEN NECESSARY
FORM 990, PART VI, SECTION B, LINE 15	TRAVIS CREDIT UNION PARTICIPATES IN FOUR TO FIVE NATIONAL AND INDUSTRY SPECIFIC SURVEYS TO BENCHMARK BASE SALARY, BONUS AND RETIREMENT BENEFITS FOR ALL KEY EMPLOYEES, SALARIED EMPLOYEES, TO INCLUDE THE CEO, EVP, AND ALL VPS THESE SURVEYS ARE CONDUCTED AT LEAST ANNUALLY THE GOVERNING BOARD APPROVES THE CEO'S COMPENSATION PACKAGE AFTER IT HAS BEEN THOROUGHLY REVIEWED AND RECOMMENDED BY THE COMPENSATION COMMITTEE
FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY IS INCLUDED IN OUR CORPORATE BYLAWS, OUR GOVERNING DOCUMENTS, WHICH ARE AVAILABLE UPON REQUEST OUR MONTHLY FINANCIAL STATEMENTS ARE DISPLAYED AT ALL OF OUR BRANCH LOCATIONS AS WELL AS CORPORATE HEADQUARTERS OUR YEAR END AUDITED FINANCIAL STATEMENTS ARE PRESENTED IN OUR ANNUAL MEETING AND WE FILE OUR CALL REPORTS ON A QUARTERLY BASIS WITH THE NCUA AND DBO
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR
FORM 990	SECTION 1 263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION TRAVIS CREDIT UNION P O BOX 2069 VACAVILLE, CA 95696 TAXPAYER IDENTIFICATION NUMBER 94-1242831 FOR THE YEAR ENDING DECEMBER 31, 2014 TRAVIS CREDIT UNION IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REG SEC 1 263(A)-1(F) SEE ATTACHED FORM 3115 FOR TRAVIS CREDIT UNION, EIN 94-1242831

Application for Change in Accounting Method

Name of filer (name of parent corporation if a consolidated group) (see instructions) FRAVIS CREDIT UNION		Identification number (see instructions) 91-1242931	
Number, street, and room or suite no. if a P.O. box, see the instructions P.O. BOX 2069		Principal business activity code number (see instructions) 522100	
City or town, state, and ZIP code VACAVILLE CA 95606		Tax year of change begins (MM/DD/YYYY) 01/01/2014	
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)		Tax year of change ends (MM/DD/YYYY) 12/31/2014	
Name of contact person (see instructions) BARRY NELSON		Contact person's telephone number (707) 469-1671	

If the applicant is a member of a consolidated group, check this box

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

<p>Check the box to indicate the type of applicant.</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> Cooperative (Sec. 1381)</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> S corporation</p> <p><input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Insurance co. (Sec. 816(a))</p> <p><input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input type="checkbox"/> Insurance co. (Sec. 831)</p> <p><input checked="" type="checkbox"/> Exempt organization. Enter Code section 501 (C) (1)</p>		<p>Check the appropriate box to indicate the type of accounting method change being requested. (see instructions)</p> <p><input type="checkbox"/> Depreciation or Amortization</p> <p><input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions</p> <p><input type="checkbox"/> Other (specify) ▶</p>	
---	--	--	--

Caution. To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request

	Yes	No
1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ▶ (a) Change No. <u>184 186 152</u> (b) Other <input type="checkbox"/> Description ▶ _____		
2 Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.		✓

Note. Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable).

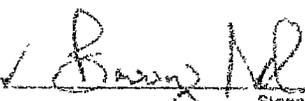
Part II Information For All Requests

	Yes	No
3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures		✓
4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.		✓
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		

Signature (see instructions)

Under penalties of perjury, I declare that I have examined this application, including accompanying schedules and statements, and to the best of my knowledge and belief, the application contains all the relevant facts relating to the application, and it is true, correct, and complete. Declaration of preparer (other than applicant) is based on all information of which preparer has any knowledge.

Filer


Signature and date 8/28/15

BARRY NELSON, CEO
Name and title (print or type)

Preparer (other than filer/applicant)


Signature of individual preparing the application and date 8/28/15

VALENTINO CRLUS, CPA
Name of individual preparing the application (print or type)

TURNER, WARREN, HAWANG & CONRAD ACCOUNTANCY CORP.
Name of firm preparing the application

Part II Information For All Requests (continued)

	Yes	No
<p>4c Is the method of accounting the applicant is requesting to change an issue pending (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) for any tax year under examination (see instructions)?</p>		
<p>d Is the request to change the method of accounting being filed under the procedures requiring that the operating division director consent to the filing of the request (see instructions)? If "Yes," attach the consent statement from the director</p>		
<p>e Is the request to change the method of accounting being filed under the 90-day or 120-day window period? If "Yes," check the box for the applicable window period and attach the required statement (see instructions) <input type="checkbox"/> 90 day <input type="checkbox"/> 120 day Date examination ended ▶ _____</p>		
<p>f If you answered "Yes" to line 4a, enter the name and telephone number of the examining agent and the tax year(s) under examination Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____</p>		
<p>g Has a copy of this Form 3115 been provided to the examining agent identified on line 4f?</p>		
<p>5a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) before Appeals and/or a Federal court? If "Yes," enter the name of the (check the box) <input type="checkbox"/> Appeals officer and/or <input type="checkbox"/> counsel for the government, telephone number, and the tax year(s) before Appeals and/or a Federal court Name ▶ _____ Telephone number ▶ _____ Tax year(s) ▶ _____</p>		✓
<p>b Has a copy of this Form 3115 been provided to the Appeals officer and/or counsel for the government identified on line 5a?</p>		✓
<p>c Is the method of accounting the applicant is requesting to change an issue under consideration by Appeals and/or a Federal court (for either the applicant or any present or former consolidated group in which the applicant was a member for the tax year(s) the applicant was a member) (see instructions)? If "Yes," attach an explanation</p>		✓
<p>6 If the applicant answered "Yes" to line 4a and/or 5a with respect to any present or former consolidated group, attach a statement that provides each parent corporation's (a) name, (b) identification number, (c) address, and (d) tax year(s) during which the applicant was a member that is under examination, before an Appeals office, and/or before a Federal court</p>		
<p>7 If, for federal income tax purposes, the applicant is either an entity (including a limited liability company) treated as a partnership or an S corporation, is it requesting a change from a method of accounting that is an issue under consideration in an examination, before Appeals, or before a Federal court, with respect to a Federal income tax return of a partner, member, or shareholder of that entity? If "Yes," the applicant is not eligible to make the change</p>		✓
<p>8a Does the applicable revenue procedure (advance consent or automatic consent) state that the applicant does not receive audit protection for the requested change (see instructions)?</p>		✓
<p>b If "Yes," attach an explanation</p>		
<p>9a Has the applicant, its predecessor, or a related party requested or made (under either an automatic change procedure or a procedure requiring advance consent) a change in method of accounting within the past 5 years (including the year of the requested change)?</p>		✓
<p>b If "Yes," for each trade or business, attach a description of each requested change in method of accounting (including the tax year of change) and state whether the applicant received consent</p>		
<p>c If any application was withdrawn, not perfected, or denied, or if a Consent Agreement granting a change was not signed and returned to the IRS, or the change was not made or not made in the requested year of change, attach an explanation</p>		
<p>10a Does the applicant, its predecessor, or a related party currently have pending any request (including any concurrently filed request) for a private letter ruling, change in method of accounting, or technical advice?</p>		✓
<p>b If "Yes," for each request attach a statement providing the name(s) of the taxpayer, identification number(s), the type of request (private letter ruling, change in method of accounting, or technical advice), and the specific issue(s) in the request(s)</p>		
<p>11 Is the applicant requesting to change its overall method of accounting? If "Yes," check the appropriate boxes below to indicate the applicant's present and proposed methods of accounting Also, complete Schedule A on page 4 of this form</p>		✓
<p>Present method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)</p>		
<p>Proposed method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Hybrid (attach description)</p>		

Part II Information For All Requests (continued)

- | | | Yes | No | | | | | | |
|--|--------------------------------|--------------------------------|--------------------------------|----|----|----|--|--|--|
| 12 If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following | | | | | | | | | |
| a The item(s) being changed | | | | | | | | | |
| b The applicant's present method for the item(s) being changed | | | | | | | | | |
| c The applicant's proposed method for the item(s) being changed | | | | | | | | | |
| d The applicant's present overall method of accounting (cash, accrual, or hybrid) SEE ATTACHED STATEMENT | | | | | | | | | |
| 13 Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income, the overall method of accounting for each trade or business, and which trade or business is requesting to change its accounting method as part of this application or a separate application SEE ATTACHED STATEMENT | | | | | | | | | |
| 14 Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions. If "No," attach an explanation | | ✓ | | | | | | | |
| 15a Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)? | | | ✓ | | | | | | |
| b If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application | | | | | | | | | |
| 16 Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response? | | ✓ | | | | | | | |
| 17 If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">1st preceding year ended mo yr</td> <td style="width:33%; border-bottom: 1px solid black;">2nd preceding year ended mo yr</td> <td style="width:33%; border-bottom: 1px solid black;">3rd preceding year ended mo yr</td> </tr> <tr> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> <td style="border-bottom: 1px solid black;">\$</td> </tr> </table> | 1st preceding year ended mo yr | 2nd preceding year ended mo yr | 3rd preceding year ended mo yr | \$ | \$ | \$ | | | |
| 1st preceding year ended mo yr | 2nd preceding year ended mo yr | 3rd preceding year ended mo yr | | | | | | | |
| \$ | \$ | \$ | | | | | | | |

Part III Information For Advance Consent Request

- | | | Yes | No |
|--|--|-----|----|
| 18 Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures | | | |
| 19 Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists | | | |
| 20 Attach a copy of all documents related to the proposed change (see instructions) | | | |
| 21 Attach a statement of the applicant's reasons for the proposed change | | | |
| 22 If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation | | | |
| 23a Enter the amount of user fee attached to this application (see instructions) ▶ \$ _____ | | | |
| b If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions) | | | |

Part IV Section 481(a) Adjustment

- | | | Yes | No |
|--|--|-----|----|
| 24 Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If "Yes," do not complete lines 25, 26, and 27 below | | | ✓ |
| 25 Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income ▶ \$ _____ NONE Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant | | | |

Part IV Section 481(a) Adjustment (continued)		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	-	-
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation	-	✓

Schedule A—Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g

	Amount
a Income accrued but not received (such as accounts receivable)	\$
b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method.	
c Expenses accrued but not paid (such as accounts payable)	
d Prepaid expenses previously deducted	
e Supplies on hand previously deducted and/or not previously reported	
f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II	
g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment. ▶	
h Net section 481(a) adjustment (Combine lines 1a–1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25.	\$

2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No

3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences.

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information:

- A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations.

Schedule B—Change to the Deferral Method for Advance Payments (see instructions)

- If the applicant is requesting to change to the Deferral Method for advance payments described in section 5.02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information:
 - A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34.
 - If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34.
 - If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34.
- If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following:
 - A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1).
 - A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - A statement explaining whether the inventoriable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

Schedule C—Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970**, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1** Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
 - a** Valuing inventory (e.g., unit method or dollar-value method)
 - b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
 - c** Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.)
 - d** Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2** If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation.
- 3** If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable.
- 4** If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable.
- 5** Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method.
- 6** If changing to the IPIC method, attach a completed Form 970.

Part II Change in Pooling Inventories

- 1** If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2** If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a** A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b** A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c** If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e** A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f** A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g** A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3** If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4** If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A—Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method)
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B—Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs)		

Part III Method of Cost Allocation (see instructions) (continued)

Section C—Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs)

	Present method	Proposed method
1 Marketing, selling, advertising, and distribution expenses		
2 Research and experimental expenses not included in Section B, line 26		
3 Bidding expenses not included in Section B, line 22		
4 General and administrative costs not included in Section B		
5 Income taxes		
6 Cost of strikes		
7 Warranty and product liability costs		
8 Section 179 costs		
9 On-site storage		
10 Depreciation, amortization, and cost recovery allowance not included in Section B, line 11		
11 Other costs (Attach a list of these costs)		

Schedule E—Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants **must** provide this information for each item or class of property for which a change is requested.

Note. See the **List of Automatic Accounting Method Changes** in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. **Do not** file Form 3115 with respect to certain late elections and election revocations (see instructions)

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)? **Yes** **No**
If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)
- 2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)? **Yes** **No**
If "Yes," enter the applicable section ► _____
- 3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)? **Yes** **No**
If "Yes," state the election made ► _____
- 4a To the extent not already provided, attach a statement describing the property being changed. Include in the description the type of property, the year the property was placed in service, and the property's use in the applicant's trade or business or income-producing activity.
- b If the property is residential rental property, did the applicant live in the property before renting it? **Yes** **No**
- c Is the property public utility property? **Yes** **No**
- 5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated under the applicant's present method (e.g., depreciable property, inventory property, supplies under Regulations section 1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.)
- 6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change to depreciate or amortize the property.
- 7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
 - a The Code section under which the property is or will be depreciated or amortized (e.g., section 168(g))
 - b The applicable asset class from Rev. Proc. 87-56, 1987-2 C.B. 674, for each asset depreciated under section 168 (MACRS) or under section 1400L, the applicable asset class from Rev. Proc. 83-35, 1983-1 C.B. 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not been identified by the applicant
 - c The facts to support the asset class for the proposed method
 - d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1))
 - e The useful life, recovery period, or amortization period of the property
 - f The applicable convention of the property
 - g A statement of whether or not the additional first-year special depreciation allowance (for example, as provided by section 168(k), 168(l), 168(m), 168(n), 1400L(b) or 1400N(d)) was or will be claimed for the property. If not, also provide an explanation as to why no special depreciation allowance was or will be claimed.

Entity Name: TRAVIS CREDIT UNION
EIN: 94-1242831
Tax Year: 2014

FORM 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD, AUTOMATIC METHODS # 184, 186, AND 192

#184: Deducting repairs and maintenance costs to capitalizing improvements and unit of property
 #186: Change to deducting non-incident material and supplies to when used or consumed
 #192: Change to capitalizing acquisition or production costs and, if depreciable, to depreciating such property under §167 or §168

This Form 3115, Application for Change in Accounting Method, is filed to change to the automatic accounting methods # 184, 186, and 192. Method #184 is filed to deduct repair and maintenance costs, to capitalizing amounts paid or incurred for improvements to tangible property, to adopt the routine maintenance safe harbor, and/or to change the method of identifying the unit of property. #186 is filed to adopt the non-incident material and supplies rules. #192 is filed to adopt the amounts paid to acquire or produce tangible property.

As required by Rev. Proc. 2014-16, we are including the following method change(s) description(s) and regulation citation(s):

Subject Matter or Issue	Citation to Regulation Section	Automatic Method #
Repairs and Maintenance	1.162-4(a)	184
Capital expenditures in general	1.263(a)-1(a)	184
Amounts paid to improve tangible property		
<i>Definitions</i>	1.263(a)-3(b)	184
<i>Requirement to capitalize amounts paid</i>	1.263(a)-3(d)	184
<i>Unit of property (buildings, land improvements, tangible personal property)</i>	1.263(a)-3(e)	184
<i>[If leased property]</i>	1.263(a)-3(f)	
<i>Special rules for determining improvement costs, certain costs incurred during an improvement, in general</i>	1.263(a)-3(g)(1)	184
<i>Safe harbor for routine maintenance on property routine maintenance for buildings</i>	1.263(a)-3(i)	184
<i>Capitalization of betterments</i>	1.263(a)-3(j)	184
<i>Capitalization of restorations</i>	1.263(a)-3(k)	184
<i>Capitalization of amounts to adapt property to a new or different use</i>	1.263(a)-3(l)	184
<i>Capitalization of amounts to adapt property to a new or different use, buildings</i>	1.263(a)-3(l)(2)	184
Non-incident material and supplies	1.162-3(a)(1)	186
Material and supplies definition	1.162-3(c)	186
Amounts paid to acquire or produce tangible property:		
<i>Requirement to capitalize</i>	1.263(a)-2(d)	192
<i>Defense or perfection of title to property</i>	1.263(a)-2(e)	192

Entity Name: TRAVIS CREDIT UNION

EIN: 94-1242831

Tax Year: 2014

FORM 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD, AUTOMATIC METHODS # 184, 186, AND 192

#184: Deducting repairs and maintenance costs to capitalizing improvements and unit of property

#186: Change to deducting non-incident material and supplies to when used or consumed

#192: Change to capitalizing acquisition or production costs and, if depreciable, to depreciating such property under §167 or §168

<i>Transaction costs</i>	1.263(a)-2(f)	192
<i>Treatment of capital expenditures</i>	1.263(a)-2(g)	192

Part II, Question 12: If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following:

- a. The item(s) being changed:** The taxpayer is changing its methods of accounting for:
1. Definition of, determining, and expensing non-incident materials and supplies
 2. Determining and expensing of repairs and maintenance costs for its expenditures paid or incurred for tangible property to the rules outlined in §1.162-4. Taxpayer's prior accounting method followed superseded Treasury guidance that generally concluded that those amounts paid or incurred for tangible property required capitalization under §263(a).
 3. Capital expenditures in general
 4. Determining the amount paid to acquire or produce tangible property
 5. Determining the amount to be capitalized as an improvement related to tangible property:
 - a. The costing criteria of 1.263(a)-3(g) for improvement related to direct and indirect costs.
 - b. The betterment criteria of 1.263(a)-3(j) for improvements to tangible property.
 - c. The restoration criteria of 1.263(a)-3(k) for improvements to tangible property.
 - d. The adaption criteria of 1.263(a)-3(l) for improvements to tangible property.
 6. Safe harbor for routine maintenance of 1.263(a)-3(i). The taxpayer has not been employing this method and seeks to add this method.
 7. Unit of property criteria for its building(s) and land improvements under 1.263(a)-3(e).
- b. The applicant's present method for the item(s) being changed:**
1. Definition of, determining, and expensing non-incident materials and supplies: Taxpayer currently expenses non-incident material and supplies and proposes to change that accounting to deferring non-incident material and supplies until used or consumed.
 2. Determining and expensing of repairs and maintenance: Taxpayer does not have a 481(a) adjustment for this item included in this 3115 application. (see number 5 below)
 3. Capital expenditures in general (see number 5 below)
 4. Determining the amount paid to acquire or produce tangible property (see number 5 below)
 5. Determining the amount to be capitalized as an improvement to tangible property: For these four above methods, the taxpayer currently accounts for amounts paid or incurred for tangible property as either items requiring capitalization under 263(a) or as amounts for repair and maintenance costs. Currently, the taxpayer capitalizes any items purchased with a cost of more than \$1,000 which benefit future periods, will be a factor in the future

Entity Name: TRAVIS CREDIT UNION

EIN: 94-1242831

Tax Year: 2014

FORM 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD, AUTOMATIC METHODS # 184, 186, AND 192

#184: Deducting repairs and maintenance costs to capitalizing improvements and unit of property

#186: Change to deducting non-incidental material and supplies to when used or consumed

#192: Change to capitalizing acquisition or production costs and, if depreciable, to depreciating such property under §167 or §168

production of revenue, or increase the value of a current asset. Items purchased for an amount less than \$1,000 are expensed in the period purchased. While the taxpayer has included the method changes described in items 3, 4, and 5 above, as a method change under Question 12a, it is not aware that their current accounting methods are contrary to the 1.263(a)-2 or -3 regulations. Taxpayer, therefore, does not have an IRC 481(a) adjustment related to those methods.

6. Safe harbor for routine maintenance. Taxpayer does not currently employ this method.
7. Unit of property: The taxpayer has not been employing any defined unit of property criteria.

c. The applicant's proposed method for the item(s) being changed:

The taxpayer proposes to continue using its current capitalization policy with regard to the threshold for capitalization as the threshold is below the de minimis safe harbor for taxpayers with an applicable financial statement.

The taxpayer proposes to use the guidance of §1.162-3 related to non-incidental material and supplies, §1.162-4 and other sections of the tangible property regulations to determine whether an expenditure should be written off as a repair and maintenance cost or under §1.263(a)-1, -2 and/or -3, be capitalized. The taxpayer will employ the routine maintenance safe harbor of 1.263(a)-3(i). For these and the other method changes also see 5 above, other than Unit of Property below under 1.263(a)-3(e):

The taxpayer will account for its building as the building, its building structures and building systems, and flooring as one unit of property. Additionally, the taxpayer will account for its land improvements consisting of its parking lots, landscaping, and outside lighting as one unit of property, separate from the building unit of property.

1. Building located at 1 Travis Way, Vacaville, CA 95687
2. Branch located at 5819 Lone Tree Way Suite A, Antioch, CA 94531
3. Branch located at 2721 Lone Tree Way, Antioch, CA 94509
4. Branch located at 981 Bellevue Rd, Atwater, CA 95301
5. Branch located at 836 Southampton Rd Ste C, Benicia, CA 94510
6. Branch located at 5441 Clayton Rd, Clayton, CA 94517
7. Branch located at 1257 Willow Pass Rd, Concord, CA 94520
8. Branch located at 1380 E Covell Blvd, Davis, CA 95616
9. Branch located at 1450 Ary Ln, Dixon, CA 95620
10. Branch located at 2570 N Texas St, Fairfield, CA 94533
11. Branch located at 1340 Gateway Blvd, Fairfield, CA 94533

Entity Name: TRAVIS CREDIT UNION

EIN: 94-1242831

Tax Year: 2014

FORM 3115, APPLICATION FOR CHANGE IN ACCOUNTING METHOD, AUTOMATIC METHODS # 184, 186, AND 192

#184: Deducting repairs and maintenance costs to capitalizing improvements and unit of property

#186: Change to deducting non-incident material and supplies to when used or consumed

#192: Change to capitalizing acquisition or production costs and, if depreciable, to depreciating such property under §167 or §168

12. Branch located at 5075 Business Center Dr, Fairfield, CA 94534
13. Branch located at 2600 Estates Dr, Fairfield, CA 94533
14. Branch located at 1194 W Olive Ave, Merced, CA 95348
15. Branch located at 3263 Claremont Way, Napa, CA 94558
16. Branch located at 3300 Klose Way Ste A, Richmond, CA 94806
17. Branch located at 131 Sunset Ave Suite A1, Suisun City, CA 94585
18. Branch located at 659 Skymaster Cir, Travis AFB, CA 94535
19. Branch located at 2010 Peabody Rd, Vacaville, CA 95687
20. Branch located at 2020 Harbison Dr, Vacaville, CA 95687
21. Branch located at 11 Cernon St, Vacaville, CA 95688
22. Branch located at 1796 Tuolumne St, Vallejo, CA 94589
23. Branch located at 1372 E Main St, Woodland, CA 95776

d. The applicant's present overall method of accounting:

The taxpayer currently employs the accrual method of accounting.

Part II, Question 13: The taxpayer is an exempt organization offering insurance and investment products. Activity code: 522100

Part II, Question 14: No. The regulations for these sections filed under this application do not require these methods of accounting to be used for the taxpayer's books and records.

Part IV, Question 25: Enter the 481(a) adjustment and a summary of the computation of it and explanation of the methodology used to determine it: No 481(a) adjustment resulted.

Additional information: The taxpayer agrees to the terms and conditions of Rev. Proc. 2015-13 and 2015-14, that are necessary or required to affect the method change which is the subject matter of this application.