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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- 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 \$ 116,766,925

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c)(14) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW TRAVISCU 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

1 Briefly describe the organization's mission or most significant activities
A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS AMONG ITS MEMBERS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	683
6 Total number of volunteers (estimate if necessary)	6	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	358,139
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-364,214

		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0	0
9 Program service revenue (Part VIII, line 2g)		89,183,807	101,377,387
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,566,779	14,827,924
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,718,293	428,701
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		104,468,879	116,634,012

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,100	51,700
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		38,628,952	45,597,728
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		38,265,513	50,569,526
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		76,948,565	96,218,954
19 Revenue less expenses Subtract line 18 from line 12		27,520,314	20,415,058

		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)		2,302,178,774	2,518,249,187
21 Total liabilities (Part X, line 26)		2,026,232,110	2,223,126,815
22 Net assets or fund balances Subtract line 21 from line 20		275,946,664	295,122,372

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer
BARRY NELSON CEO
Type or print name and title

2016-10-31
Date

Paid Preparer Use Only

Print/Type preparer's name VALENTINO CREUS CPA	Preparer's signature VALENTINO CREUS CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01054153
Firm's name ▶ TURNER WARREN HWANG & CONRAD ACCTCY			Firm's EIN ▶ 95-4083485	
Firm's address ▶ 100 NORTH FIRST ST STE 202 BURBANK, CA 91502			Phone no (818) 954-9700	

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>	1	No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	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>	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	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>	9	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>	10	No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	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>	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	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>	12a	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>	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	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>	15	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>	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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>	21	Yes	
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>	22		No
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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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>	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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>	26	Yes	
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
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>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	38	Yes	

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 columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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		
8a	a The governing body?	Yes	
8b	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.)

		Yes	No
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?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 CPA CONTROLLER PO BOX 2069 VACAVILLE, CA 95696 (707) 469-1671

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,445,543	0	1,845,252	

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 ▶ 48

	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
FISERV INC 525 ALMANOR AVE SUNNYVALE, CA 94085	ONLINE BANKING SERVICES	3,983,497
CDW DIRECT 6281 BEACH BLVD 307 BUENA PARK, CA 90621	COMPUTER SERVICES	1,011,939
DIEBOLD 1455 MARKET ST SAN FRANCISCO, CA 94103	SECURITY SERVICES	848,662
STANDARD REGISTER 3885 SEAPORT BLVD 40 WEST SACRAMENTO, CA 95691	MEMBER STATEMENT PREP	726,638
CREDIT BUREAU ASSOCIATES 460 UNION AVE FAIRFIELD, CA 94533	COLLECTIONS	686,560

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 ▶ 45

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	72,948,556	72,948,556			
	b OTHER OPERATING INCOME _____ Business Code 522100	20,362,242	20,342,843	19,399		
	c FEE INCOME _____ Business Code 522100	8,066,589	7,717,804	348,785		
	d _____ Business Code _____					
	e _____ Business Code _____					
	f All other program service revenue _____ Business Code _____					
	g Total. Add lines 2a-2f ▶	101,377,387				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	14,878,050	14,878,050			
	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	82,787			
		(ii) Other				
		b Less cost or other basis and sales expenses	132,913			
		c Gain or (loss)	-50,126			
	d Net gain or (loss) ▶	-50,126	-50,126			
	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 IN _____ Business Code 522100	425,815	435,860	-10,045			
b OTHER INCOME _____ Business Code 522100	2,886	2,886				
c _____ Business Code _____						
d All other revenue						
e Total. Add lines 11a-11d ▶	428,701					
12 Total revenue. See Instructions ▶	116,634,012	116,275,873	358,139	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	51,700			
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	4,445,543			
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	31,303,683			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,447,449			
9	Other employee benefits	5,660,036			
10	Payroll taxes	2,741,017			
11	Fees for services (non-employees)				
a	Management				
b	Legal	153,438			
c	Accounting	130,337			
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)	1,476,308			
12	Advertising and promotion	2,314,410			
13	Office expenses	11,754,331			
14	Information technology	3,802,796			
15	Royalties				
16	Occupancy	3,588,084			
17	Travel	795,134			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,193,009			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,860,991			
23	Insurance	396,131			
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	PROV FOR LOAN LOSSES	10,275,859			
b	LOAN SERVICING EXPENSE	6,669,367			
c	MISC OPERATING EXPENSES	952,840			
d	OPERATING FEES	206,491			
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	96,218,954			
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	17,914,558	1	22,526,388
	2 Savings and temporary cash investments	52,604,476	2	158,800,930
	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	4,136,014	5	4,069,620
	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	2,815,802	9	2,742,159
	10a Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	69,369,130		
	10a			
	b Less accumulated depreciation	31,811,535	10b	
	10c	36,895,378		37,557,595
	11 Investments—publicly traded securities	769,171,843	11	636,945,281
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	1,346,744,823	13	1,621,353,309
14 Intangible assets	689,356	14	465,781	
15 Other assets See Part IV, line 11	71,206,524	15	33,788,124	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,302,178,774	16	2,518,249,187	
Liabilities	17 Accounts payable and accrued expenses	16,976,269	17	22,967,279
	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	2,009,255,841	25	2,200,159,536
	26 Total liabilities. Add lines 17 through 25	2,026,232,110	26	2,223,126,815
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	275,946,664	32	295,122,372
33 Total net assets or fund balances	275,946,664	33	295,122,372	
34 Total liabilities and net assets/fund balances	2,302,178,774	34	2,518,249,187	

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	116,634,012
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,218,954
3	Revenue less expenses Subtract line 2 from line 1	3	20,415,058
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	275,946,664
5	Net unrealized gains (losses) on investments	5	-1,239,350
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	295,122,372

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			
PATRICIA MORENO BOARD CHAIRPERSON	1 00	X					2,529	0	0	
DEBORAH ASPLING BOARD VICE CHAIRPERSON	1 00	X					2,401	0	0	
MARY COBURN SECRETARY	1 00	X					978	0	0	
THOMAS KULINKSI TREASURER	1 00	X					975	0	0	
CURT NEWLAND BOARD MEMBER	1 00	X					1,575	0	0	
LEONARD AUGUSTINE BOARD MEMBER	1 00	X					980	0	0	
TIMOTHY TRUESDALE BOARD MEMBER	1 00	X					2,725	0	0	
ANN ROLLIN BOARD MEMBER	1 00	X					0	0	0	
DEE ALARCON BOARD MEMBER	1 00	X					4,321	0	0	
STUART MCINTOSH BOARD MEMBER (EMERITUS)	0 00	X					0	0	0	

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			
JAMES PORTER BOARD MEMBER (EMERITUS)	0 00	X						0	0	0
JOHANNA BENKER SUPV CMTE CHAIRPERSON	1 00	X						0	0	0
DOUGLAS BEAUMONT SUPV CMTE MEMBER	1 00	X						0	0	0
ARTURO REYES SUPV CMTE MEMBER	1 00	X						0	0	0
BARRY NELSON PRESIDENT/CEO	40 00			X				585,574	0	491,415
IVAN JONES SVP/CFO	40 00			X				249,944	0	111,166
NAVNEET KHANNA EXECUTIVE VICE PRESIDENT	40 00			X				313,625	0	258,568
STACY FIFIELD SVP/CHEIF LENDING OFFICER	40 00			X				255,390	0	159,145
RICHARD ROARK SVP/CHIEF INFORMATION OFFICER	40 00			X				245,056	0	136,049
ARTHUR M SCHWARTZ SVP/CHIEF HUMAN RESOURCES OFFICER	40 00			X				233,941	0	164,674

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			
MISUN THOMPSON SVP, MEMBER SERVICES & COO	40 00			X				219,113	0	140,118
ARIC N KOSHIYAMA SR FINANCIAL CONSULTANT	40 00				X			266,866	0	20,684
GLORIA NUNEZ VP OPERATIONS	40 00				X			207,123	0	49,396
REBECCA L SLAUGHTER VP ENTERPRISE PROJECT MANAGEMENT	40 00				X			181,739	0	18,308
CRAIG BEAUDRY VP ENTERPRISE APPLICATIONS	40 00				X			178,696	0	32,196
TERESA SHAFER VP HUMAN RESOURCES & TRAINING	40 00				X			175,062	0	32,884
JOHN N CALADIM VP FINANCE	40 00				X			162,440	0	25,206
CATHY A GRIMES VP MARKETING & PRODUCT DEVELOPMENT	40 00				X			157,053	0	27,801
SHERRY CORDONNIER AVP CORPORATE RELATIONS	40 00				X			154,869	0	17,532
CRAIG CRISMON AVP E-COMMERCE	40 00				X			153,441	0	40,953

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			
JULIE A RUMPH AVP LOAN SERVICING	40 00					X		144,164	0	9,864
THOMAS CORIO AVP INTERNAL AUDIT	40 00					X		142,241	0	34,149
MARK VINELLA AVP COMPLIANCE & RISK MANAGEMENT	40 00					X		136,997	0	42,789
LORI HILL AVP HUMAN RESOURCES	40 00					X		134,368	0	8,175
CYNTHIA MCGUIRE AVP CONSUMER LENDING	40 00					X		131,357	0	24,180

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on 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" on 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" on 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? [] Yes [] No
4a Was a correction made? [] Yes [] No
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 \$ 4,000
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$ 4,000
4 Did the filing organization file Form 1120-POL for this year? [x] Yes [] No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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.

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

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?

Yes 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)2012	(b)2013	(c)2014	(d)2015	(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					

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on 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.

OMB No 1545-0047
2015
Open to Public Inspection

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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" on 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on 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 on 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" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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)	Accumulated (c) depreciation	(d) Book value
1a Land		6,352,246		6,352,246
b Buildings		35,771,462	12,773,142	22,998,320
c Leasehold improvements		6,439,582	5,401,328	1,038,254
d Equipment		20,805,840	13,637,065	7,168,775
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				37,557,595

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	116,634,012
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	116,634,012
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	116,634,012

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	96,218,954
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	96,218,954
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	96,218,954

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, 2015, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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?
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" on 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.

Table with 8 columns: (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. Row 1 contains 'See Additional Data Table'.

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" on 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
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Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S MIRACLE NETWORK 2855 E GUASTI RD STE 600 ONTARIO, CA 91761	87-0387205	501(C)(3)	10,000		FMV		PROVIDE MEDICAL CARE TO CHILDREN
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
TOURO UNIVERSITY CALIFORNIA 1310 CLUB DRIVE VALLEJO, CA 94592	13-3838740	501(C)(3)	15,000		FMV		TO PROMOTE HIGHER EDUCATION

**Schedule J
(Form 990)**

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.

2015
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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

Name of the organization TRAVIS CREDIT UNION	Employer identification number 94-1242831
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 indemnification 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)		
<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 indemnification 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)									
<p>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.</p>	1b Yes									
<p>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?</p>	2 Yes									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a									
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a									
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b									
<p>7 For persons listed on 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.</p>	7									
<p>8 Were any amounts reported on 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.</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on 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 on 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 2015 THE MAXIMUM PARTICIPANT CONTRIBUTION IS \$9,000. 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, 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BARRY NELSON PRESIDENT/CEO	(i)	479,643	86,049	19,882	464,611	26,804	1,076,989	0
	(ii)	0	0	0	0	0	0	0
1 IVAN JONESSVP/CFO	(i)	201,310	28,679	19,955	107,388	3,778	361,110	0
	(ii)	0	0	0	0	0	0	0
2 NAVNEET KHANNA EXECUTIVE VICE PRESIDENT	(i)	256,017	50,176	7,432	223,494	35,074	572,193	0
	(ii)	0	0	0	0	0	0	0
3 STACY FIFIELD SVP/CHEIF LENDING OFFICER	(i)	196,033	34,222	25,135	147,451	11,694	414,535	0
	(ii)	0	0	0	0	0	0	0
4 RICHARD ROARK SVP/CHIEF INFORMATION OFFICER	(i)	194,887	35,702	14,467	111,421	24,628	381,105	0
	(ii)	0	0	0	0	0	0	0
5 ARTHUR M SCHWARTZ SVP/CHIEF HUMAN RESOURCES OFFICER	(i)	190,558	35,319	8,064	129,152	35,522	398,615	0
	(ii)	0	0	0	0	0	0	0
6 MISUN THOMPSON SVP, MEMBER SERVICES & COO	(i)	178,969	32,527	7,617	115,001	25,117	359,231	0
	(ii)	0	0	0	0	0	0	0
7 ARIC N KOSHIYAMA SR FINANCIAL CONSULTANT	(i)	35,072	231,314	480	11,250	9,434	287,550	0
	(ii)	0	0	0	0	0	0	0
8 GLORIA NUNEZ VP OPERATIONS	(i)	167,121	27,039	12,963	18,827	30,569	256,519	0
	(ii)	0	0	0	0	0	0	0
9 REBECCA L SLAUGHTER VP ENTERPRISE PROJECT MANAGEMENT	(i)	162,976	10,915	7,848	9,000	9,308	200,047	0
	(ii)	0	0	0	0	0	0	0
10 CRAIG BEAUDRY VP ENTERPRISE APPLICATIONS	(i)	148,611	23,682	6,403	7,151	25,045	210,892	0
	(ii)	0	0	0	0	0	0	0
11 TERESA SHAFER VP HUMAN RESOURCES & TRAINING	(i)	144,083	23,312	7,667	16,650	16,234	207,946	0
	(ii)	0	0	0	0	0	0	0
12 JOHN N CALADIM VP FINANCE	(i)	155,801	0	6,639	0	25,206	187,646	0
	(ii)	0	0	0	0	0	0	0
13 CATHY A GRIMES VP MARKETING & PRODUCT DEVELOPMENT	(i)	127,732	26,290	3,031	15,739	12,062	184,854	0
	(ii)	0	0	0	0	0	0	0
14 SHERRY CORDONNIER AVP CORPORATE RELATIONS	(i)	133,470	13,966	7,433	5,870	11,662	172,401	0
	(ii)	0	0	0	0	0	0	0
15 CRAIG CRISMON AVP E-COMMERCE	(i)	131,928	15,254	6,259	7,347	33,606	194,394	0
	(ii)	0	0	0	0	0	0	0
16 JULIE A RUMPH AVP LOAN SERVICING	(i)	130,458	7,488	6,218	0	9,864	154,028	0
	(ii)	0	0	0	0	0	0	0
17 THOMAS CORIO AVP INTERNAL AUDIT	(i)	123,574	13,268	5,399	15,831	18,318	176,390	0
	(ii)	0	0	0	0	0	0	0
18 MARK VINELLA AVP COMPLIANCE & RISK MANAGEMENT	(i)	122,129	14,107	761	7,172	35,617	179,786	0
	(ii)	0	0	0	0	0	0	0
19 CYNTHIA MCGUIRE AVP CONSUMER LENDING	(i)	110,400	13,426	7,531	6,816	17,364	155,537	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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.

2015 Open to Public Inspection

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)

Table with 5 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 10 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 \$ 4,069,620

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

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)				X				No	Yes		Yes	
(2)				X				No	Yes		Yes	
(3)				X				No	Yes		Yes	
(4) BARRY NELSON	OFFICER	FIRST MORTGAGE		X	920,000	859,683		No	Yes		Yes	
(5) RICHARD ROARK	OFFICER	CREDIT CARD		X	6,000	6,000		No	Yes		Yes	
(6) NAVNEET KHANNA	OFFICER	FIRST MORTGAGE		X	579,000	265,413		No	Yes		Yes	
(7) ARTHUR SCHWARZ	KEY EMPLOYEE	FIRST MORTGAGE		X	417,000	392,122		No	Yes		Yes	
(8) GLORIA NUNEZ	KEY EMPLOYEE	FIRST MORTGAGE		X	280,000	276,996		No	Yes		Yes	
(9) GLORIA NUNEZ	KEY EMPLOYEE	CREDIT CARD		X	14,400	650		No	Yes		Yes	
(10) CRAIG BEAUDRY	KEY EMPLOYEE	CREDIT CARD		X	8,700	6,037		No	Yes		Yes	
(11)				X				No		No		No
(12) ANN ROLLIN	DIRECTOR	CREDIT CARD		X	14,000	2,976		No	Yes		Yes	
(13) DEE ALARCON	DIRECTOR	CREDIT CARD		X	20,000	14,540		No	Yes		Yes	
(14) ANN ROLLIN	DIRECTOR	FIRST MORTGAGE		X	138,000	102,330		No	Yes		Yes	
(15) JOHANNA BENKER	DIRECTOR	FIRST MORTGAGE		X	255,700	188,197		No	Yes		Yes	
(16) GLORIA NUNEZ	KEY EMPLOYEE	SHARE SECURED		X	20,000	16,935		No	Yes		Yes	
(17)		AUTOMOBILE		X				No		No		No
(18) STACY FIFIELD	OFFICER	CREDIT CARD		X	25,000	22,404		No	Yes		Yes	
(19) MISUN THOMPSON	OFFICER	FIRST MORTGAGE		X	405,000	274,792		No	Yes		Yes	
(20) MISUN THOMPSON	OFFICER	AUTOMOBILE		X	27,161	14,746		No	Yes		Yes	
(21) MISUN THOMPSON	OFFICER	CREDIT CARD		X	15,000	2,312		No	Yes		Yes	
(22) CRAIG BEAUDRY	KEY EMPLOYEE	AUTOMOBILE		X	58,837	41,339		No	Yes		Yes	
(23) THOMAS KULINSKI	DIRECTOR	FIRST MORTGAGE		X	93,400	87,116		No	Yes		Yes	
(24) THOMAS KULINSKI	DIRECTOR	CREDIT CARD		X	12,000	3,171		No	Yes		Yes	
(25) MARY COBURN	DIRECTOR	CREDIT CARD		X	10,000	1,035		No	Yes		Yes	
(26) DEE ALARCON	DIRECTOR	FIRST MORTGAGE		X	154,700	126,771		No	Yes		Yes	
(27) ARTURO REYES	DIRECTOR	CREDIT CARD		X	12,000	10,801		No	Yes		Yes	
(28) STACY FIFIELD	OFFICER	AUTOMOBILE		X	35,000	24,702		No		No		No
(29) IVAN JONES	OFFICER	AUTOMOBILE		X	27,990	10,112		No	Yes		Yes	
(30) TERESA SHAFER	KEY EMPLOYEE	CREDIT CARD		X	5,000	895		No	Yes		Yes	
(31) TERESA SHAFER	KEY EMPLOYEE	CREDIT CARD		X	20,000	2,822		No	Yes		Yes	
(32) PAT MORENO	DIRECTOR	CREDIT CARD		X	10,000	19		No	Yes		Yes	
(33) BARRY NELSON	OFFICER	AUTO LOAN		X	23,587	5,101		No	Yes		Yes	
(34) RICHARD ROARK	OFFICER	AUTO LOAN		X	41,829	34,312		No	Yes		Yes	
(35) STACY FIFIELD	OFFICER	AUTOMOBILE		X	44,105	38,899		No	Yes		Yes	
(36) MISUN THOMPSON	OFFICER	HOME EQUITY		X	50,000	48,662		No	Yes		Yes	
(37) CATHY GRIMES	KEY EMPLOYEE	CREDIT CARD		X	50,000			No	Yes		Yes	
(38) IVAN JONES	OFFICER	FIRST MORTGAGE		X	560,000	548,063		No	Yes		Yes	
(39) DEE ALARCON	DIRECTOR	CREDIT CARD		X	7,500	7,312		No	Yes		Yes	
(40) DEBORAH ASPLING	DIRECTOR	CREDIT CARD		X	7,500	1,800		No	Yes		Yes	
(41) DOUGLAS BEAUMONT	DIRECTOR	FIRST MORTGAGE		X	150,000	145,018		No	Yes		Yes	
(42) MISUN THOMPSON	OFFICER	AUTO LOAN		X	40,000	39,574		No	Yes		Yes	
(43) TERESA SHAFER	KEY EMPLOYEE	AUTO LOAN		X	22,990	19,244		No	Yes		Yes	
(44) REBECCA SLAUGHTER	KEY EMPLOYEE	FIRST MORTGAGE		X	420,000	411,869		No	Yes		Yes	
(45) GLORIA NUNEZ	KEY EMPLOYEE	HELOC		X	50,000	14,850		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.

2015

**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	TRAVIS CREDIT UNION IS A COOPERATIVE FINANCIAL INSTITUTION THAT IS OWNED AND CONTROLLED BY ITS MEMBERS, AND OPERATED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS TO ITS MEMBERS TRAVIS CREDIT UNION DOES NOT HAVE STOCKHOLDERS
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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