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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)

▶ 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*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
123 SOUTH MARENGO AVENUE

City or town, state or province, country, and ZIP or foreign postal code
PASADENA, CA 911012428

D Employer identification number
95-1288265

E Telephone number
(888) 493-7266

G Gross receipts $ 728,842,808

F Name and address of principal officer
CINDY LAW
123 SOUTH MARENGO AVENUE
PASADENA, CA 911012428

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 WESCOM ORG

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ CREDIT UNION

L Year of formation 1934

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	877
6	Total number of volunteers (estimate if necessary)	**6**	23
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	22,822,316
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-925,642

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	132,901,731	142,764,489
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,021,738	33,936,664
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	75,223	3,611
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,998,692	176,704,764
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	265,699	252,548
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)	72,038,081	74,167,592
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	76,276,245	78,075,158
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	148,580,025	152,495,298
19	Revenue less expenses Subtract line 18 from line 12	21,418,667	24,209,466

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,179,343,177	3,363,529,588
21	Total liabilities (Part X, line 26)	2,947,528,309	3,095,295,778
22	Net assets or fund balances Subtract line 21 from line 20	231,814,868	268,233,810

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

****** 2018-11-06
Signature of officer Date

CINDY LAW VP/CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VALENTINO CREUS CPA	VALENTINO CREUS CPA			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

THE GENERAL MISSION OF THE CREDIT UNION IS TO PROMOTE THRIFT, HONESTY, INTEGRITY AND A SPIRIT OF SERVICE AMONG ITS MEMBERS IN ADDITION, THE ORGANIZATION MAKES LOANS TO ITS MEMBERS AT REASONABLE RATES, INVESTS EXCESS LIQUIDITY PRUDENTLY AND WITHIN LIMITS AS PERMITTED BY CALIFORNIA LAW, AND ENGAGES IN ANY OTHER LAWFUL ACTIVITY NOT PROHIBITED BY APPLICABLE LAWS AND REGULATIONS

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 $)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

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)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (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? *If "Yes," complete Schedule C, Part 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? *If "Yes," complete Schedule C, Part II*	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		
26	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? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	75,102		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	877		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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	1a 11		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		No

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?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 ▶CINDY LAW VPCONTROLLER 123 SOUTH MARENGO AVENUE PASADENA, CA 911012428 (888) 493-7266

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			
See Additional Data Table										

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) ▶								9,314,269	0	856,523

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 ▶ 105

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
GRAIL BRAND DESIGN LLC 12 CORPORATE PLAZA DRIVE SUITE 200 NEWPORT BEACH, CA 92660	ADVERTISING	1,657,504
COVERALL DELIVERY PO BOX 284 SAN PEDRO, CA 90731	COURIER SERVICES	359,451
WFBM LLP 1 CITY BOULEVARD FIFTH FLOOR ORANGE, CA 92868	LEGAL SERVICES	294,342
CROWE HORWATH PO BOX 51660 LOS ANGELES, CA 90051	AUDIT SERVICES	237,750
WOOD FIX PAINTING 6521 FULLERTON AVE A BUENA PARK, CA 90621	PAINTING SERVICES	200,029

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 ▶ 36

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	Business Code				
2a INTEREST INCOME	522100	84,593,279	84,593,279		
b ~~FEE~~ INCOME	522100	32,680,870	32,128,409	552,461	
c ~~OTHER OPERATING~~ INCOME	522100	25,490,340	3,220,485	22,269,855	
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		142,764,489			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		31,521,165	31,521,165		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) . . . . . ▶					
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	554,476,845 / 76,698				
b Less cost or other basis and sales expenses	551,801,095 / 336,949				
c Gain or (loss)	2,675,750 / -260,251				
d Net gain or (loss) . . . . . ▶		2,415,499	2,415,499		
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	522100	3,611	3,611		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		3,611			
12 Total revenue. See Instructions . . . . . ▶		176,704,764	153,882,448	22,822,316	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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	252,548			
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,314,269			
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	50,827,851			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,920,453			
9 Other employee benefits	6,850,583			
10 Payroll taxes	4,254,436			
11 Fees for services (non-employees)				
a Management				
b Legal	-1,210,891			
c Accounting	255,462			
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)	685,169			
12 Advertising and promotion	4,663,080			
13 Office expenses	14,228,858			
14 Information technology	3,792,287			
15 Royalties . .				
16 Occupancy	6,756,274			
17 Travel	1,307,729			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	21,596,313			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization . .	10,123,000			
23 Insurance . . .	1,053,046			
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 TAX EXPENSE	59,596			
b LOAN SERVICING EXPENSE	9,819,330			
c MISC OPERATING EXPENSE	2,644,673			
d PROVISION FOR LOAN AND	1,250,000			
e All other expenses	1,051,232			
25 **Total functional expenses.** Add lines 1 through 24e	152,495,298			
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 ▶ ☐ 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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	18,834,229	1	21,291,581
	2	Savings and temporary cash investments	96,072,615	2	106,036,348
	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	9,384,568	5	8,203,861
	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	4,927,716	9	5,656,545
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 199,955,795			
	b	Less accumulated depreciation — 10b: 135,653,431	64,520,496	10c	64,302,364
	11	Investments—publicly traded securities	989,707,976	11	944,557,384
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	1,928,829,209	13	2,141,782,775
	14	Intangible assets	9,918,884	14	10,849,488
	15	Other assets See Part IV, line 11	57,147,484	15	60,849,242
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,179,343,177	16	3,363,529,588
Liabilities	17	Accounts payable and accrued expenses	80,851,808	17	73,905,867
	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	2,866,676,501	25	3,021,389,911
	26	**Total liabilities.** Add lines 17 through 25	2,947,528,309	26	3,095,295,778
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ 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 ▶ ☑ 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	231,814,868	32	268,233,810
	33	Total net assets or fund balances	231,814,868	33	268,233,810
	34	Total liabilities and net assets/fund balances	3,179,343,177	34	3,363,529,588

Part XI Reconcilliation 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	176,704,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,495,298
3	Revenue less expenses Subtract line 2 from line 1	3	24,209,466
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	231,814,868
5	Net unrealized gains (losses) on investments	5	12,206,399
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	3,077
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	268,233,810

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 95-1288265

Name: WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE CREDIT UNION HAD $3 36 BILLION IN ASSETS, $2 1 BILLION IN LOANS AND $2 75 BILLION IN MEMBER DEPOSITS AS OF DECEMBER 31, 2017 THE CREDIT UNION POSTED NET EARNINGS OF $23 1 MILLION IN 2017 THE CREDIT UNION FUNDED 84,025 MEMBER LOANS WITH A TOTAL BALANCE OF $813 MILLION

Form 990, Part III, Line 4b:

THE CREDIT UNION'S 2017 INITIATIVES INCLUDED MEMBERSHIP GROWTH, INCREASED FOCUS ON SIGNATURE MEMBERSHIP, INCREASED INVOLVEMENT AND SERVICE IN OUR COMMUNITIES, DEVELOPMENTS IN ONLINE MEMBER SERVICE CHANNELS, AND LOAN GROWTH

Form 990, Part III, Line 4c:

THE CREDIT UNION THROUGH ITS EMPLOYEES, MEMBERS, AND WECARE FOUNDATION RAISED A COMBINED TOTAL OF MORE THAN $90,000 FOR DISASTER RELIEF THE CREDIT UNION ALSO PARTICIPATED IN THE NATIONAL MULTIPLE SCLEROSIS (MS) SOCIETY'S BIKE MS RIDE AND HAVE BEEN THE HIGHEST FUNDRAISING CORPORATE TEAM IN RECENT YEARS IN 2017, WESCOM CONTINUED TO EDUCATE MEMBERS AND COMMUNITIES BY OFFERING FINANCIAL EDUCATION WORKSHOPS, SEMINARS, AND ONLINE TOOLS AND RESOURCES

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			
NOEL ROSS CHAIRMAN	2 00	X						5,430	0	0
JAVIER MORALES VICE CHAIRMAN/SUPV CMTE CHAIR	2 00	X						2,336	0	0
DANIEL KRAUS SECRETARY	2 00	X						6,887	0	0
RON FISCHER TREASURER	2 00	X						4,418	0	0
GINA FRIEDRICH DIRECTOR	2 00	X						4,006	0	0
ROBERT GRAHAM DIRECTOR	2 00	X						437	0	0
JEFF LUONG DIRECTOR	2 00	X						865	0	0
VICTOR MOY DIRECTOR/SUPV CMTE MEMBER	2 00	X						3,371	0	0
ARMANDO NODAL DIRECTOR/SUPV CMTE MEMBER	2 00	X						2,092	0	0
VIRGINIA PANOSSIAN DIRECTOR	2 00	X						3,928	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			
BRAD SELBY DIRECTOR	2 00	X						3,531	0	0
LARRY MCCAULEY SUPV CMTE MEMBER	2 00	X						345	0	0
RICK WIEDEMANN SUPV CMTE MEMBER	2 00	X						3,233	0	0
WILL BROWN DIRECTOR EMERITUS	2 00	X						0	0	0
TOM SUTER DIRECTOR EMERITUS	2 00	X						1,802	0	0
ADDISON CARTER DIRECTOR EMERITUS	2 00	X						2,343	0	0
MARK DILBECK DIRECTOR EMERITUS	2 00	X						0	0	0
LIZ WOOD DIRECTOR EMERITUS	2 00	X						2,610	0	0
KAMILLE DICKEY ASSOCIATE DIRECTOR	2 00	X						988	0	0
KRISTINA DIXON ASSOCIATE DIRECTOR	2 00	X						1,209	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			
DAVID MARTIN ASSOCIATE DIRECTOR	2 00	X						907	0	0
PHIL PERKINS ASSOCIATE DIRECTOR	2 00	X						3,343	0	0
GARRET SCHNEIDER ASSOCIATE DIRECTOR	2 00	X						0	0	0
DARREN WILLIAMS PRESIDENT & CEO	40 00			X				1,119,798	0	66,927
IRVING CHIU HENG YU SVP FINANCE & CFO	40 00			X				346,316	0	51,202
KEITH PIPES EVP LENDING & FINANCIAL SE	40 00			X				576,596	0	17,462
JANE WOOD EVP & COO	40 00			X				575,415	0	39,591
KEVIN SARBER SVP TECHNOLOGY & DELIVERY	40 00				X			419,177	0	21,971
CHARLES THOMAS SVP LENDING	40 00				X			373,808	0	25,914
DEENA OTTO SVP ADMINSTRATION	40 00				X			326,893	0	28,837

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			
MELISSA PEDERSON SVP MEMBER SERVICES	40 00				X			284,695	0	18,999
JONATHON BAUMAN VP REAL ESTATE AND DEFAULT MGMT	40 00				X			267,572	0	33,168
DAVID GUMPERT-HERSH VP BUSINESS ANALYTICS	40 00				X			261,089	0	26,597
TIMOTHY DOLAN SVP FINANCIAL SVCS (FORMER)	40 00				X			256,519	0	20,158
DAVID CERWINSKI VP SALES & CLIENT SERVICE	40 00				X			250,330	0	25,810
CINDY CHING-CHING LAW VP FINANCE	40 00				X			248,337	0	43,854
THOMAS GOOCH VP INFORMATION TECHNOLOGY (FORMER)	40 00				X			246,092	0	29,861
RONALD WILSIE VP CUSO MORTGAGE	40 00				X			241,920	0	37,201
KATHIE CHISM VP BRANCH OPERATIONS	40 00				X			239,833	0	20,951
RAFAEL GUERRA PRESIDENT WIS	40 00				X			235,711	0	30,629

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			
SUSAN MCCREADY SVP MEMBER SERVICES (FORMER)	40 00				X			221,019	0	25,211
CONNIE KNOX PRESIDENT WFS	40 00				X			217,557	0	26,356
STEPHANIE WINKLER VP HUMAN RESOURCES	40 00				X			213,136	0	20,605
ADRIANA WELCH VP CONSUMER LENDING	40 00				X			213,098	0	20,817
VICTOR LOPEZ VP BRANCH OPERATIONS	40 00				X			206,033	0	19,336
JEANNE BROWN VP RISK MGMT	40 00				X			198,932	0	33,253
KAREN FALL VP MEMBER SVCS	40 00				X			195,013	0	31,252
PAN KWE SALES MANAGER	40 00					X		447,122	0	34,337
DANOVA CHOW FINANCIAL ADVISOR	40 00					X		322,778	0	33,050
CONOR MURRAY LOAN OFFICER	40 00					X		275,106	0	29,817

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			
OFELIA TELLEZ LOAN OFFICER	40 00					X		248,789	0	28,314
SUSAN GIBSON LOAN OFFICER	40 00					X		231,504	0	15,043

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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*****.**

OMB No 1545-0047

2017

Open to Public Inspection

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

Name of the organization	Employer identification number
WESCOM CENTRAL CREDIT UNION DBA WESCOM CREDIT UNION	95-1288265

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $ 22,955

3 Volunteer hours for political campaign activities (see instructions)

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 ▶ $ 22,955

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ 22,955

4 Did the filing organization file **Form 1120-POL** for this year? ☑ 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CCUL - PAC	1201 K STREET 1050 SACRAMENTO, CA 95814	94-0357265	22,955	
2				
3				
4				
5				
6				

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		
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-		

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
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 CCUL - PAC

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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

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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" on 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		

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" on 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		9,390,319		9,390,319
b Buildings		65,784,072	35,649,742	30,134,330
c Leasehold improvements		10,782,216	8,007,968	2,774,248
d Equipment		111,950,444	91,995,721	19,954,723
e Other		2,048,744		2,048,744
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				64,302,364

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LOANS AND INVESTMENTS IN NATURAL PERSON CUS	200,821	C
(2) ALL OTHER INVESTMENTS	34,794,700	F
(3) LOANS AND LEASES	2,079,679,233	F
(4) NCUA SHARE INSURANCE CAPITALIZATION DEPOSIT	25,897,768	C
(5) LOANS HELD FOR SALE	1,210,253	C
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	2,141,782,775	

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER NOTES AND INTEREST PAYABLE	90,778,333
SHARES AND DEPOSITS	2,929,641,837
DEFERRED REVENUE	969,741
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,021,389,911

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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	
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	
3	Subtract line **2e** from line **1**			3	
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	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-1288265

Name: WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CREDIT UNION IS EXEMPT, BY STATUTE, FROM FEDERAL AND STATE INCOME TAXES HOWEVER, THE CREDIT UNION IS SUBJECT TO UNRELATED BUSINESS INCOME TAX AS FURTHER DISCUSSED IN NOTE 12 THE CREDIT UNION'S WHOLLY OWNED SUBSIDIARIES, WESCOM INSURANCE SERVICES, LLC, CUSO MORTGAG E, INC , WESCOM FINANCIAL SERVICES, LLC, AND WESCOM RESOURCES GROUP, LLC ARE SUBJECT TO ST ATE AND FEDERAL INCOME TAX OPERATIONS OF THE WHOLLY OWNED SUBSIDIARIES RESULTED IN AN INS IGNIFICANT AMOUNT OF INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016 A TAX PO SITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITI ON WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKE LY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN N OT" TEST, NO TAX BENEFIT IS RECORDED THE SUBSIDIARIES ARE SUBJECT TO U S FEDERAL INCOME TAX AS WELL AS INCOME TAX OF THE STATE OF CALIFORNIA THE SUBSIDIARIES ARE NO LONGER SUBJE CT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2013 THE SUBSIDIARIES RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN OTHER EXPENSE THERE WERE NO IN TEREST OR PENALTIES RECORDED IN 2017 AND 2016

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

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" 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

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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**

Additional Data

Software ID:
Software Version:
EIN: 95-1288265
Name: WESCOM CENTRAL CREDIT UNION
DBA WESCOM 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
AMERICAN RED CROSS 430 MADELINE DR PASADENA, CA 91105	53-0196605	501(C)(3)	25,000		FMV		TO PROVIDE FINANCIAL SUPPORT FOR HURRICANE HARVEY RELIEF EFFORT
CHILDRENS MIRACLE NETWORK 4650 SUNSET BLVD LOS ANGELES, CA 90027	87-0387205	501(C)(3)	42,568		FMV		TO IMPROVE FACILITIES AND HEALTHCARE FOR SICK AND INJURED CHILDREN

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
NATIONAL CREDIT UNION FOUNDATION 5710 MINERAL POINT ROAD MADISON, WI 53705	39-1383650	501(C)(3)	10,000		FMV		TO IMPROVE PEOPLE'S FINANCIAL LIVES THROUGH CREDIT UNIONS
THE SHAPIRO GROUP PO BOX 3000 RANCHO CUCAMONGA, CA 91729	94-0357265	501(C)(3)	10,000		FMV		TO PROVIDE FINANCIAL SUPPORT TO SMALLER CREDIT UNIONS

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
NATIONAL MS SOCIETY-PACIFIC SOUTH COAST CHAPTER 12121 SCRIPPS SUMMIT DR 190 SAN DIEGO, CA 92131	95-2633200	501(C)(3)	10,000		FMV		MS BIKE RIDE SUPPORTMS BIKE RIDE SUPPORTMS BIKE RIDE SUPPORT
WORLDWIDE FOUNDATION FOR CREDIT UNIONS 5710 MINERAL POINT ROAD MADISON, WI 53705	39-6093210	501(C)(3)	10,000		FMV		GWLN/CCUL LUNCHEON SPONSORSHIP

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
WESCOM'S WECARE FOUNDATION 123 SOUTH MARENGO AVE PASADENA, CA 91101	31-1709115	501(C)(3)	96,575		FMV		TO PROVIDE FINANCIAL SUPPORT TO SPONSOR COMMUNITY SERVICE OPPORTUNITIES
NISCUE 1655 N FORT MEYER DR STE 650 ARLINGTON, VA 22209	54-1205520	501(C)(3)	5,000		FMV		TO ENHANCE STATE CREDIT UNION SUPERVISION AND ADVOCATE FOR A SAFE AND SOUND CREDIT UNION SYSTEM TO ENHANCE STATE CREDIT UNION SUPERVISION AND ADVOCATE FOR A SAFE AND SOUND CREDIT UNION SYSTEM

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
RICHARD MYLES JOHNSON EDUCATION FOUNDATION 2855 E GUASTI ROAD SUITE 600 ONTARIO, CA 91761	95-6141173	501(C)(3)	13,000		FMV		SUPPORT FOR YOUTH FINANCIAL EDUCATION AND CONTINUING EDUCATION FOR CREDIT UNION LEADERS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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	**1b**	Yes	
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?	**2**	Yes	
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			
	☐ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
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			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**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 1A	PART 1, LINE 1A TRAVEL FOR COMPANIONS THE PRESIDENT IS AUTHORIZED TO INCUR FIRST CLASS TRAVEL EXPENSES ON BEHALF OF HIS/HER SPOUSE PROVIDED THAT THE PRESIDENT SHALL BE RESPONSIBLE FOR ALL TAXES FOR ANY SUCH EXPENSES, AND THE TRAVEL IS RELATED TO THE CREDIT UNION AND IN THE BEST INTEREST OF THE CREDIT UNION
PART I, LINE 4B	AN EMPLOYEE WHO IS A MEMBER OF A SELECT MANAGEMENT GROUP OR IS HIGHLY COMPENSATED IS ELIGIBLE TO PARTICIPATE IN A 457B PLAN EFFECTIVE ON THE FIRST DAY OF EMPLOYMENT THE PARTICIPANT IS ELIGIBLE TO DEFER A MAXIMUM OF $18,000 IN THE 2017 PLAN YEAR THE PRESIDENT/CEO OF THE CREDIT UNION IS ELIGIBLE TO PARTICIPATE IN A SEPARATE 457B PLAN EFFECTIVE ON THE FIRST DAY OF EMPLOYMENT FOR EACH PLAN YEAR, THE CREDIT UNION WILL CONTRIBUTE TO THE PLAN THE FULL ELIGIBLE CONTRIBUTION AMOUNT THE BENEFIT PROVIDED IS SUBJECT TO TAXATION UNDER SECTION 457B OF THE INTERNAL REVENUE CODE OF 1986

Additional Data

Software ID:

Software Version:

EIN: 95-1288265

Name: WESCOM CENTRAL CREDIT UNION
DBA WESCOM 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				
1DARREN WILLIAMS PRESIDENT & CEO	(I)	713,104	374,457	32,237	34,200	32,727	1,186,725	0
	(II)	0	0	0	0	0	0	0
1IRVING CHIU HENG YU SVP FINANCE & CFO	(I)	241,360	88,970	15,986	16,200	35,002	397,518	0
	(II)	0	0	0	0	0	0	0
2KEITH PIPES EVP LENDING & FINANCIAL SE	(I)	362,595	192,262	21,739	16,200	1,262	594,058	0
	(II)	0	0	0	0	0	0	0
3JANE WOOD EVP & COO	(I)	356,987	196,106	22,322	16,200	23,391	615,006	0
	(II)	0	0	0	0	0	0	0
4KEVIN SARBER SVP TECHNOLOGY & DELIVERY	(I)	297,301	102,652	19,224	16,200	5,771	441,148	0
	(II)	0	0	0	0	0	0	0
5CHARLES THOMAS SVP LENDING	(I)	262,007	90,545	21,256	10,923	14,991	399,722	0
	(II)	0	0	0	0	0	0	0
6DEENA OTTO SVP ADMINSTRATION	(I)	239,077	83,190	4,626	13,540	15,297	355,730	0
	(II)	0	0	0	0	0	0	0
7MELISSA PEDERSON SVP MEMBER SERVICES	(I)	208,660	53,388	22,647	10,932	8,067	303,694	0
	(II)	0	0	0	0	0	0	0
8JONATHON BAUMAN VP REAL ESTATE AND DEFAULT MGMT	(I)	210,571	51,252	5,749	12,940	20,228	300,740	0
	(II)	0	0	0	0	0	0	0
9DAVID GUMPERT-HERSH VP BUSINESS ANALYTICS	(I)	202,486	52,985	5,618	3,904	22,693	287,686	0
	(II)	0	0	0	0	0	0	0
10TIMOTHY DOLAN SVP FINANCIAL SVCS (FORMER)	(I)	91,144	134,950	30,425	13,656	6,502	276,677	0
	(II)	0	0	0	0	0	0	0
11DAVID CERWINSKI VP SALES & CLIENT SERVICE	(I)	153,472	96,320	538	10,915	14,895	276,140	0
	(II)	0	0	0	0	0	0	0
12 CINDY CHING-CHING LAW VP FINANCE	(I)	190,333	49,893	8,111	11,268	32,586	292,191	0
	(II)	0	0	0	0	0	0	0
13THOMAS GOOCH VP INFORMATION TECHNOLOGY (FORMER)	(I)	197,602	42,911	5,579	10,920	18,941	275,953	0
	(II)	0	0	0	0	0	0	0
14RONALD WILSIE VP CUSO MORTGAGE	(I)	179,207	56,281	6,432	7,237	29,964	279,121	0
	(II)	0	0	0	0	0	0	0
15KATHIE CHISM VP BRANCH OPERATIONS	(I)	173,406	44,303	22,124	12,013	8,938	260,784	0
	(II)	0	0	0	0	0	0	0
16RAFAEL GUERRA PRESIDENT WIS	(I)	189,188	42,785	3,738	9,972	20,657	266,340	0
	(II)	0	0	0	0	0	0	0
17SUSAN MCCREADY SVP MEMBER SERVICES (FORMER)	(I)	123,796	88,649	8,574	13,236	11,975	246,230	0
	(II)	0	0	0	0	0	0	0
18CONNIE KNOX PRESIDENT WFS	(I)	179,169	28,937	9,451	12,869	13,487	243,913	0
	(II)	0	0	0	0	0	0	0
19STEPHANIE WINKLER VP HUMAN RESOURCES	(I)	167,390	40,721	5,025	0	20,605	233,741	0
	(II)	0	0	0	0	0	0	0

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				
21ADRIANA WELCH VP CONSUMER LENDING	(I)	173,923	38,746	429	12,870	7,947	233,915	0
	(II)	0	0	0	0	0	0	0
1VICTOR LOPEZ VP BRANCH OPERATIONS	(I)	164,335	24,604	17,094	11,413	7,923	225,369	0
	(II)	0	0	0	0	0	0	0
2JEANNE BROWN VP RISK MGMT	(I)	157,575	37,218	4,139	12,074	21,179	232,185	0
	(II)	0	0	0	0	0	0	0
3KAREN FALL VP MEMBER SVCS	(I)	153,555	38,680	2,778	10,789	20,463	226,265	0
	(II)	0	0	0	0	0	0	0
4PAN KWE SALES MANAGER	(I)	0	443,511	3,611	11,537	22,800	481,459	0
	(II)	0	0	0	0	0	0	0
5DANOVA CHOW FINANCIAL ADVISOR	(I)	0	322,364	414	10,419	22,631	355,828	0
	(II)	0	0	0	0	0	0	0
6CONOR MURRAY LOAN OFFICER	(I)	102,788	171,988	330	6,340	23,477	304,923	0
	(II)	0	0	0	0	0	0	0
7OFELIA TELLEZ LOAN OFFICER	(I)	21,959	225,859	971	13,657	14,657	277,103	0
	(II)	0	0	0	0	0	0	0
8SUSAN GIBSON LOAN OFFICER	(I)	43,463	185,951	2,090	7,407	7,636	246,547	0
	(II)	0	0	0	0	0	0	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

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

1	(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

(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
See Additional Data Table												
Total						▶ $						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

8,203,861

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: 95-1288265

Name: WESCOM CENTRAL CREDIT UNION
DBA WESCOM 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
JANE WOOD	OFFICER	HELOC		X	250,000	23,422		No	Yes		Yes	
KEITH PIPES	OFFICER	1ST MORTGAGE		X	625,500	549,678		No	Yes		Yes	
KEITH PIPES	OFFICER	CREDIT CARD		X	24,500	1,454		No	Yes		Yes	
KEVIN SARBER	KEY EMPLOYEE	1ST MORTGAGE		X	1,300,000	1,151,072		No	Yes		Yes	
KEVIN SARBER	KEY EMPLOYEE	CREDIT CARD		X	24,500	5,099		No	Yes		Yes	
TIMOTHY DOLAN	KEY EMPLOYEE	1ST MORTGAGE		X	417,000	403,648		No	Yes		Yes	
DAVID GUMPERT-HERSH	KEY EMPLOYEE	1ST MORTGAGE		X	652,500	513,278		No	Yes		Yes	
DAVID GUMPERT-HERSH	KEY EMPLOYEE	HELOC		X	72,000	12,203		No	Yes		Yes	
CINDY CHING-CHING LAW	KEY EMPLOYEE	HELOC		X	150,000	13,939		No	Yes		Yes	
KATHIE CHISM	KEY EMPLOYEE	1ST MORTGAGE		X	585,000	466,779		No	Yes		Yes	
KATHIE CHISM	KEY EMPLOYEE	AUTO LOAN		X	48,458	17,413		No	Yes		Yes	
KATHIE CHISM	KEY EMPLOYEE	CREDIT CARD		X	19,500	3,860		No	Yes		Yes	
IRVING YU	OFFICER	1ST MORTGAGE		X	440,250	385,060		No	Yes		Yes	
IRVING YU	OFFICER	HELOC		X	250,000	60,000		No	Yes		Yes	
MELISSA PEDERSON	KEY EMPLOYEE	CREDIT CARD		X	16,500	90		No	Yes		Yes	

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
JONATHON BAUMAN	KEY EMPLOYEE	1ST MORTGAGE		X	209,000	140,063		No	Yes		Yes	
DEENA OTTO	KEY EMPLOYEE	CREDIT CARD		X	8,000	22,094		No	Yes		Yes	
STEPHANIE WINKLER	KEY EMPLOYEE	AUTO LOAN		X	54,558	13,178		No	Yes		Yes	
DAVID CERWINSKI	KEY EMPLOYEE	1ST MORTGAGE		X	390,000	366,638		No	Yes		Yes	
CONNIE MONICA KNOX	KEY EMPLOYEE	1ST MORTGAGE		X	636,000	594,359		No	Yes		Yes	
JANE WOOD	OFFICER	1ST MORTGAGE		X	505,000	385,810		No	Yes		Yes	
CONNIE MONICA KNOX	KEY EMPLOYEE	AUTO LOAN		X	37,027	16,081		No	Yes		Yes	
CONNIE MONICA KNOX	KEY EMPLOYEE	HOME EQUITY LOAN		X	17,500	15,351		No	Yes		Yes	
KAREN FALL	KEY EMPLOYEE	1ST MORTGAGE		X	181,200	135,448		No	Yes			No
KAREN FALL	KEY EMPLOYEE	HELOC		X	49,000	39,327		No	Yes		Yes	
KAREN FALL	KEY EMPLOYEE	CREDIT CARD		X	9,500	6,575		No	Yes		Yes	
DAVID CERWINSKI	KEY EMPLOYEE	1ST MORTGAGE		X	180,000	172,340		No	Yes		Yes	
JONATHON BAUMAN	KEY EMPLOYEE	PERSONAL LOC		X	18,000	7,810		No	Yes		Yes	
ADRIANA WELCH	KEY EMPLOYEE	1ST MORTGAGE		X	799,200	784,552		No	Yes		Yes	
CONOR MURRAY	KEY EMPLOYEE	1ST MORTGAGE		X	720,250	702,898		No	Yes		Yes	

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
TAMAR ATAMIAN	KEY EMPLOYEE	VISA		X	400	100		No	Yes		Yes	
KAREN FALL	KEY EMPLOYEE	AUTO LOAN		X	36,168	33,440		No	Yes		Yes	
DEBRA FLANNAGAN	KEY EMPLOYEE	CREDIT CARD		X	26,289	6,208		No	Yes		Yes	
CARINA HOLLIS	KEY EMPLOYEE	AUTO LOAN		X	32,777	27,507		No	Yes		Yes	
VICTOR LOPEZ	KEY EMPLOYEE	1ST MORTGAGE		X	371,000	271,442		No	Yes		Yes	
VICTOR LOPEZ	KEY EMPLOYEE	CREDIT CARD		X	22,780	4,020		No	Yes		Yes	
VICTOR LOPEZ	KEY EMPLOYEE	AUTO LOAN		X	37,947	34,546		No	Yes		Yes	
SYLVIE OHANNESSIAN	KEY EMPLOYEE	1ST MORTGAGE		X	682,000	671,554		No	Yes		Yes	
MELISSA PEDERSON	KEY EMPLOYEE	AUTO LOAN		X	43,972	39,930		No	Yes		Yes	
COLLEEN SAVAGE	KEY EMPLOYEE	1ST MORTGAGE		X	150,000	105,218		No	Yes		Yes	
COLLEEN SAVAGE	KEY EMPLOYEE	CREDIT CARD		X	9,713	98		No	Yes		Yes	
GARRET SCHNEIDER	DIRECTOR	CREDIT CARD		X	4,521	279		No	Yes		Yes	

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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.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS OWNED BY MEMBERS MEMBERSHIP IS AVAILABLE TO ANY AND ALL PERSONS WHO L IVE, REGULARY WORK, CURRENTLY ATTEND SCHOOL, OR CURRENTLY WORSHIP IN THE SEVEN COUNTIES OF SOUTHERN CALIFORNIA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS MEMBERS WHO MAY ELECT THE GOVERNING BODY EACH MEMBER HAS ONE VOTE TO ELECT THE MEMBERS FOR THE GOVERNING BODY OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AT THE END OF EACH TERM OF THE DIRECTORS, ELECTIONS ARE HELD AND BOARD DECISIONS REGARDING ELECTION OR REMOVAL OF DIRECTORS ARE VOTED ON BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS BY-LAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND IS REVIEWED BY THE VP CONTROLLER, THE SVP CHIEF FINANCIAL OFFICER, AND THE CEO OF THE ORGANIZATION THE RETURN THEN GOES THROUGH A FINAL REVIEW BY T HE BOARD OF DIRECTORS BEFORE FINAL SUBMISSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS ENFORCED AND MONITORED THROUGH OUR VARIOUS REPORTING MECHANISMS (ETHICS POIN T, OPEN DOOR COMMUNICATION POLICY, WHICH INCLUDES RECOMMENDING THAT EMPLOYEES DISCUSS THE ISSUES WITH THEIR MANAGER, HUMAN RESOURCES, SENIOR MANAGEMENT OR THE CEO), WE ADDRESS THE ISSUE AND USE OUR POLICY FOR GUIDANCE, WHICH PROMOTES CONSISTENCY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO'S COMPENSATION WESCOM CREDIT UNION'S BOARD OF DIRECTORS PARTNERS WITH A THIRD PARTY V ENDOR TO PERFORM REGULAR REVIEWS TO ENSURE THAT THE PRESIDENT/CEO'S SALARY AND TARGET INCE NTIVE REMAIN IN AN APPROPRIATE RELATIONSHIP TO THE MARKET OUR THIRD PARTY CONSULTANT EXAM INES THE CURRENT COMPENSATION MARKET THROUGH AN ANALYSIS WHICH INCLUDES A CREDIT UNION PEE R GROUP BASED ON ASSET SIZE AND FINANCIAL PERFORMANCE IN ADDITION, THE PRESIDENT/CEO'S SU PPLEMENTAL RETIREMENT ACCOUNT IS REVIEWED WITH THE BOARD TO EVALUATE INVESTMENT PERFORMANC E AND TO CONSIDER ANY PROGRAM ADJUSTMENTS THAT NEED TO BE MADE TO ENSURE THE PROGRAM REMAI NS APPROPRIATE TO THE MARKET THE BOARD APPROVES ALL CHANGES TO THE PRESIDENT/CEO'S COMPEN SATION AND SUPPLEMENTAL RETIREMENT PLANS FORM 990, PART VI, SECTION B, LINE 15B EXECUTIV E TEAM (OTHER OFFICERS) AND OTHER KEY EMPLOYEES' COMPENSATION WESCOM CREDIT UNION PARTNER S WITH A THIRD PARTY TO PERFORM A PERIODIC REVIEW TO ENSURE THAT THE EXECUTIVE AND STAFF T EAM MEMBERS' SALARY RANGES AND TARGET INCENTIVES REMAIN IN AN APPROPRIATE RELATIONSHIP WIT H THE MARKET OUR THIRD PARTY CONSULTANT EXAMINES THE CURRENT COMPENSATION MARKET THROUGH AN ANALYSIS WHICH INCLUDES A CREDIT UNION PEER GROUP BASED ON ASSET SIZE AND FINANCIAL PER FORMANCE THE HR COMMITTEE OF THE BOARD REVIEWS THE INFORMATION AND PREPARES A RECOMMENDAT ION FOR THE BOARD OF DIRECTORS APPROVAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE REQUESTS R EGARDING GOVERNING DOCUMENTS AND CONFLICT OF INTERESTS CAN BE SUBMITTED TO THE ORGANIZATIO N AND COPIES WILL BE PROVIDED UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 7A - 7C, COLUMN (I)	PROCEEDS $554,476,845 BASIS $551,801,095 GAIN $2,675,750

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	OPERATING FEES 1,051,232 ---------- TOTAL OTHER EXPENSES 1,051,232

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER ADJUSTMENT TO UNDIVIDED EARNINGS 3,077

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312031638

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
WESCOM CENTRAL CREDIT UNION
DBA WESCOM CREDIT UNION

Employer identification number
95-1288265

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) WESCOM HOLDINGS LLC 123 SOUTH MARENGO AVENUE PASADENA, CA 91101 95-4889848	FINANCIAL SERVICES	CA	0	1,555,282	WESCOM CREDIT UNION
(2) WESCOM FINANCIAL SERVICES LLC 123 SOUTH MARENGO AVENUE PASADENA, CA 91101 95-4853684	FINANCIAL SERVICES	CA	8,408,107	5,657,510	WESCOM HOLDINGS LLC
(3) WESCOM INSURANCE SERVICES LLC 123 SOUTH MARENGO AVENUE PASADENA, CA 91101 95-4821865	FINANCIAL SERVICES	CA	2,829,952	13,730,028	WESCOM HOLDINGS LLC
(4) WESCOM RESOURCES GROUP LLC 123 SOUTH MARENGO AVENUE PASADENA, CA 91101 43-1966875	DATA PROCESSING	CA	12,348,468	9,823,148	WESCOM HOLDINGS LLC
(5) HALLMARK ASSOCIATES INSURANCE SERVICES LLC 123 SOUTH MARENGO AVENUE PASADENA, CA 91101 95-4800085	INSURANCE	CA	0	11,816	WESCOM INSURANCE SERVICES LLC

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) WESCOM'S WECARE FOUNDATION 123 SOUTH MARENGO AVE PASADENA, CA 91101 31-1709115	CHARITY FUND	CA	501(C)(3)	9	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)CUSO MORTGAGE INC 5601 EAST LA PALMA AVENUE ANAHEIM, CA 92807 71-0946762	MORTGAGE SERVICES	CA	WESCOM HOLDINGS LLC	C	3,135,566	8,429,931	100 000 %		No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)CUSO MORTGAGE INC	J	620,412	ACTUAL AMOUNT PAID
(2)WESCOM INSURANCE SERVICES LLC	J	262,464	ACTUAL AMOUNT PAID
(3)WESCOM FINANCIAL SERVICES LLC	J	1,040,940	ACTUAL AMOUNT PAID
(4)WESCOM RESOURCES GROUP LLC	J	3,040,008	ACTUAL AMOUNT PAID
(5)WESCOM'S WECARE FOUNDATION	B	101,575	ACTUAL AMOUNT PAID

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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