

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021**

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

**C** Name of organization  
CALIFORNIA CREDIT UNION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
701 NORTH BRAND BLVD 7TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code  
GLENDALE, CA 91203

**D** Employer identification number  
95-0951410

**E** Telephone number  
(818) 291-5522

**G** Gross receipts \$ 164,391,792

**F** Name and address of principal officer:  
STEPHEN O'CONNELL  
701 NORTH BRAND BLVD 7TH FLOOR  
GLENDALE, CA 91203

**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.CALIFORNIACU.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ CREDIT UNION

**L** Year of formation: 1939

**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.

|  |    |           |
|--|----|-----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 3  | 11        |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 11        |
| <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | 5  | 618       |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  | 19        |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 1,018,800 |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11        | 7b | 0         |

|   | Prior Year                | Current Year  |
|---|---------------------------|---------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 0                         | 0             |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 137,489,094               | 126,395,665   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 7,396,223                 | 27,316,602    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0                         | 10,679,525    |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 144,885,317               | 164,391,792   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 149,137                   | 107,176       |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0                         | 0             |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 58,063,229                | 58,796,709    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0                         | 0             |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |                           |               |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 82,212,761                | 65,325,333    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 140,425,127               | 124,229,218   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 4,460,190                 | 40,162,574    |
|   | Beginning of Current Year | End of Year   |
| <b>20</b> Total assets (Part X, line 16)  | 3,815,429,375             | 4,290,889,688 |
| <b>21</b> Total liabilities (Part X, line 26)   | 3,410,206,385             | 3,866,440,450 |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | 405,222,990               | 424,449,238   |

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2022-08-18  
Type or print name and title: MARK LOVEWELL EVP CFO

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date:  
Check  if self-employed PTIN: P01054153  
Firm's name ▶ TURNER WARREN HWANG & CONRAD ACCTCY Firm's EIN ▶ 95-4083485  
Firm's address ▶ 100 NORTH FIRST ST STE 202 Phone no. (818) 954-9700  
BURBANK, CA 91502

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
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 |
|------------|--|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .   |     | No |
| <b>2</b>   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. . . . .   |     | No |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 🗑️ . . . . .   | Yes |    |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .   |     |    |
| <b>5</b>   | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> 🗑️ . . . . .   |     | No |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 🗑️ . . . . .   |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🗑️ . . . . .   |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 🗑️ . . . . .  |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🗑️ . . . . .          |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .  |     | No |
| <b>11</b>  | 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.   |     |    |
| <b>a</b>   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 🗑️ . . . . .  | Yes |    |
| <b>b</b>   | Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 🗑️ . . . . .  |     | No |
| <b>c</b>   | Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 🗑️ . . . . .  | Yes |    |
| <b>d</b>   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 🗑️ . . . . .   |     | No |
| <b>e</b>   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .  | Yes |    |
| <b>f</b>   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 🗑️ . . . . .   | Yes |    |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 🗑️ . . . . .   |     | No |
| <b>b</b>   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 🗑️ . . . . .  | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States? . . . . .  |     | No |
| <b>b</b>   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . . |     | No |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .  |     | No |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .  |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions. . . . .   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .   |     | No |
| <b>b</b>   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . 🗑️  | Yes |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 4 columns: Question ID, Question Text, Answer Field, and Yes/No/Other. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and meeting documentation.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, whistleblower policy, and joint ventures.

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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: SAM NOP VP CONTROLLER 701 NORTH BRAND BLVD 7TH FLOOR GLENDALE, CA 91203 (858) 769-7003







**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |
|---|--|---|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                 | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>   |                      |  |   |  |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>   |                      |  |   |  |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>   |                      |  |   |  |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>   |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>   |                      |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .  | <b>1f</b>   |                      |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .  | <b>1g</b>   |                      |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . . ▶  |   |                      |  |   |  |  |
| <b>Program Service Revenue</b>  | <b>2a</b> INTEREST ON LOANS  | Business Code   |                      |  |   |  |  |
|   |  | 522100  | 76,303,404           | 76,303,404   |   |  |  |
|   | <b>b</b> OTHER OPERATING INCOME  | 522100  | 38,413,996           | 37,549,790   | 864,206                                 |  |  |
|   | <b>c</b> FEE INCOME  | 522100  | 11,678,265           | 11,523,671   | 154,594                                 |  |  |
|   | <b>d</b>   |   |                      |  |   |  |  |
|   | <b>e</b>   |   |                      |  |   |  |  |
|   | <b>f</b> All other program service revenue.  |   |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f. . . . . ▶                                    |  | 126,395,665   |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶  |   | 13,408,428           | 13,408,428   |   |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶  |   |                      |  |   |  |  |
|   | <b>5</b> Royalties . . . . . ▶   |   |                      |  |   |  |  |
|   | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal        |  |   |  |  |
|   |  | <b>6a</b>   |                      |  |   |  |  |
|   |  | <b>b</b> Less: rental expenses                        | <b>6b</b>            |  |   |  |  |
|   |  | <b>c</b> Rental income or (loss)                      | <b>6c</b>            |  |   |  |  |
|   | <b>d</b> Net rental income or (loss) . . . . . ▶   |   |                      |  |   |  |  |
|   | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |  |   |  |  |
|   |  | <b>7a</b>   | 13,908,174           |  |   |  |  |
|   |  | <b>b</b> Less: cost or other basis and sales expenses | <b>7b</b>            | 0  |   |  |  |
|   |  | <b>c</b> Gain or (loss)                               | <b>7c</b>            | 13,908,174   |   |  |  |
|   | <b>d</b> Net gain or (loss) . . . . . ▶  |   | 13,908,174           | 13,908,174   |   |  |  |
|   | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>   |                      |  |   |  |  |
|   |  | <b>b</b> Less: direct expenses . . . . .              | <b>8b</b>            |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . . ▶             |  |   |                      |  |   |  |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . | <b>9a</b>  |   |                      |  |   |  |  |
|   | <b>b</b> Less: direct expenses . . . . .   | <b>9b</b>   |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . . ▶              |  |   |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .    | <b>10a</b>   |   |                      |  |   |  |  |
|   | <b>b</b> Less: cost of goods sold . . . . .  | <b>10b</b>  |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . . ▶             |  |   |                      |  |   |  |  |
| Miscellaneous Revenue   | Business Code  |   |                      |  |   |  |  |
| <b>11a</b> PROVISION FOR LOAN & L   | 522100   | 8,551,223   | 8,551,223            |  |   |  |  |
| <b>b</b> OTHER NON-INTEREST INC   | 522100   | 2,128,302   | 2,128,302            |  |   |  |  |
| <b>c</b>  |  |   |                      |  |   |  |  |
| <b>d</b> All other revenue . . . . .  |  |   |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . . ▶                                 |  | 10,679,525  |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . . ▶                         |  | 164,391,792   | 163,372,992          | 1,018,800  | 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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 87,176                |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 20,000                |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members . . . . .  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 7,510,497             |                                 |  |                             |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages . . . . .   | 39,126,980            |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 2,396,314             |                                 |  |                             |
| <b>9</b> Other employee benefits . . . . .  | 6,660,082             |                                 |  |                             |
| <b>10</b> Payroll taxes . . . . .   | 3,102,836             |                                 |  |                             |
| <b>11</b> Fees for services (non-employees):  |                       |                                 |  |                             |
| <b>a</b> Management . . . . .   |                       |                                 |  |                             |
| <b>b</b> Legal . . . . .  | 375,695               |                                 |  |                             |
| <b>c</b> Accounting . . . . .   | 280,551               |                                 |  |                             |
| <b>d</b> Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees . . . . .   |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 2,444,343             |                                 |  |                             |
| <b>12</b> Advertising and promotion . . . . .   | 3,640,272             |                                 |  |                             |
| <b>13</b> Office expenses . . . . .   | 9,764,003             |                                 |  |                             |
| <b>14</b> Information technology . . . . .  | 9,211,329             |                                 |  |                             |
| <b>15</b> Royalties . . . . .   |                       |                                 |  |                             |
| <b>16</b> Occupancy . . . . .   | 8,395,442             |                                 |  |                             |
| <b>17</b> Travel . . . . .  | 559,851               |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                       |                                 |  |                             |
| <b>20</b> Interest . . . . .  | 9,616,337             |                                 |  |                             |
| <b>21</b> Payments to affiliates . . . . .  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 8,491,611             |                                 |  |                             |
| <b>23</b> Insurance . . . . .   | 391,158               |                                 |  |                             |
| <b>24</b> 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.)                                       |                       |                                 |  |                             |
| <b>a</b> MISCELLANEOUS EXPENSE  | 5,909,583             |                                 |  |                             |
| <b>b</b> LOAN SERVICING   | 5,845,861             |                                 |  |                             |
| <b>c</b> OPERATING FEES   | 388,990               |                                 |  |                             |
| <b>d</b> LOSS ON DISPOSITION OF   | 10,307                |                                 |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 124,229,218           |                                 |  |                             |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |               | (B)<br>End of year     |
|---|--|--------------------------|---------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 53,756,111               | <b>1</b>      | 49,262,321             |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 932,918,063              | <b>2</b>      | 439,380,586            |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | <b>3</b>      |                        |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>      |                        |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons       | 3,529,238                | <b>5</b>      | 15,208,239             |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>      |                        |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>      |                        |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>      |                        |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 3,893,279                | <b>9</b>      | 3,909,889              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 204,232,067   |               |                        |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 85,288,805    | 122,883,602   | <b>10c</b> 118,943,262 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 427,909,269              | <b>11</b>     | 1,544,790,799          |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>     |                        |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 2,211,385,591            | <b>13</b>     | 1,985,084,973          |
|   | <b>14</b> Intangible assets . . . . .  | 25,723,728               | <b>14</b>     | 23,865,227             |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 33,430,494               | <b>15</b>     | 110,444,392            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 3,815,429,375  | <b>16</b>                | 4,290,889,688 |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 49,818,819               | <b>17</b>     | 73,306,487             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>     |                        |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>     |                        |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>     |                        |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>     |                        |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |                          | <b>22</b>     |                        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>     |                        |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>     |                        |
|   | <b>25</b> 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  | 3,360,387,566            | <b>25</b>     | 3,793,133,963          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 3,410,206,385            | <b>26</b>     | 3,866,440,450          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |               |                        |
|   | <b>27</b> Net assets without donor restrictions . . . . .  |                          | <b>27</b>     |                        |
|   | <b>28</b> Net assets with donor restrictions . . . . .   |                          | <b>28</b>     |                        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 29 through 33.</b>  |                          |               |                        |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   | 0                        | <b>29</b>     | 0                      |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  | 0                        | <b>30</b>     | 0                      |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   | 405,222,990              | <b>31</b>     | 424,449,238            |
| <b>32</b> Total net assets or fund balances . . . . .                         | 405,222,990  | <b>32</b>                | 424,449,238   |                        |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 3,815,429,375  | <b>33</b>                | 4,290,889,688 |                        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 164,391,792 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 124,229,218 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 40,162,574  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 405,222,990 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -20,936,326 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 424,449,238 |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | <b>2a</b> |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | <b>2b</b> | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | <b>2c</b> | Yes |    |
| <b>3a</b> 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?  | <b>3a</b> |     | No |
| <b>b</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.  | <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-0951410

**Name:** CALIFORNIA CREDIT UNION

Form 990 (2021)

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**Form 990, Part III, Line 4a:**

WE CONCLUDED ANOTHER SUCCESSFUL YEAR SERVING OUR MEMBERS IN 2021.

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**Form 990, Part III, Line 4b:**

AT CALIFORNIA CREDIT UNION WE WERE PROUD TO CONTINUE SUPPORTING OUR MEMBERS AND COMMUNITIES FINANCIALLY AFFECTED BY THE CORONAVIRUS-19 PANDEMIC THROUGH A VARIETY OF ASSISTANCE PROGRAMS, DEFERRING \$382 MILLION IN LOANS TO DATE. IN ADDITION, TO DATE WE HAVE WAIVED MORE THAN \$1 MILLION IN MEMBER FEES AND PROVIDED NEARLY 920 SMALL BUSINESSES WITH SBA PPP LOANS ESTIMATED TO HAVE SAVED APPROXIMATELY, 9,000 JOBS ACROSS SOUTHERN CALIFORNIA. WE LAUNCHED A NEW MEMBER FACING WEBSITE ENHANCING THE USER JOURNEY WITH EASIER NAVIGATION AND PROVIDING OUR MEMBERS WITH FREE FINANCIAL EDUCATION TOOLS, INCLUDING CALCULATORS AND ARTICLES TO HELP THEM REACH THEIR FINANCIAL GOALS. IN ADDITION, WE PARTNERED WITH GREENPATH FINANCIAL WELLNESS TO PROVIDE COMPREHENSIVE FINANCIAL COUNSELING, FINANCIAL EDUCATION, AND MONEY MANAGEMENT TOOLS TO OUR MEMBERS. GREENPATH IS FEATURED THROUGHOUT VARIOUS LOCATIONS ON OUR WEBSITE. IN 2021, WE ALSO LAUNCHED AN EMPLOYEE-LED DIVERSITY AND INCLUSION COMMITTEE AS WELL AS AN ALL WOMEN LEADERSHIP GROUP FOR CAREER ADVANCEMENT.

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**Form 990, Part III, Line 4c:**

CALIFORNIA CREDIT UNION IS A PROUD SUPPORTER OF THE EDUCATION, MILITARY AND LOCAL COMMUNITIES. WE WERE HONORED TO CONTINUE OUR COMMUNITY PARTNERSHIPS IN 2021 AS MOST PROGRAMS AND EVENTS STARTED TO TRANSITION BACK TO AN IN-PERSON FORMAT. IN 2021, WE FUNDED MORE THAN \$425,000 IN EDUCATIONAL PROGRAMS INCLUDING TEACHER GRANTS AND STUDENT SCHOLARSHIPS, AS WELL AS COMMUNITY GIVING INITIATIVES.

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

| (A)<br>Name and Title              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                    |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WALTON GREENE<br>CHAIRMAN          | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAMELA FEES<br>VICE CHAIRPERSON    | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| REBECCA COLLIER<br>BOARD SECRETARY | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEFF STONE<br>BOARD TREASURER      | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES DOYLE<br>BOARD MEMBER        | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| VICTOR HANSON<br>BOARD MEMBER      | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TED FUJIMOTO<br>BOARD MEMBER       | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SURVIVA MENDOZA<br>BOARD MEMBER    | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FREDRIC NIGRO<br>BOARD MEMBER      | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EMMANUEL OLAES<br>BOARD MEMBER     | 3.00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |



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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MARCIA WADE<br>.....<br>BOARD MEMBER                                 | 3.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GUILBERT HENTSCHKE<br>.....<br>SUPERVISORY COMMITTEE CHAIRMAN        | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GUADALUPE REYES<br>.....<br>SUPERVISORY COMMITTEE SECRETARY          | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JANALYN GLYMPH<br>.....<br>SUPERVISORY COMMITTEE MEMBER              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM KALEY<br>.....<br>SUPERVISORY COMMITTEE MEMBER               | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROGER MCTIGHE<br>.....<br>SUPERVISORY COMMITTEE MEMBER               | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| LAWRENCE SEROT<br>.....<br>SUPERVISORY COMMITTEE MEMBER              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SCOTT J SVONKIN<br>.....<br>SUPERVISORY COMMITTEE MEMBER             | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEPHEN O'CONNELL<br>.....<br>PRESIDENT, CEO                         | 40.00<br>.....   |   |                       | X       |              |                              |        | 926,246   | 0  | 69,474  |
| PATRICK CAREY FORMER<br>.....<br>EVP, GENERAL COUNSEL/PRESIDENT CUSO | 40.00<br>.....   |   |                       | X       |              |                              |        | 1,421,394   | 0  | 44,902  |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |  |   |                       |         |              |                              |        |   |  |   |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ROBERT O'GRADY<br>.....<br>EVP, CHIEF OPERATING OFFICER   | 40.00<br>.....   |   |                       | X       |              |                              |        | 664,200   | 0  | 39,984  |
| HUDSON LEE<br>.....<br>EVP, CHIEF RISK OFFICER  | 40.00<br>.....   |   |                       | X       |              |                              |        | 541,186   | 0  | 44,138  |
| MARK LOVEWELL<br>.....<br>EVP, CHIEF FINANCIAL OFFICER/PRESIDENT CUSO   | 40.00<br>.....   |   |                       | X       |              |                              |        | 529,931   | 0  | 69,474  |
| JOHN BRETTHAUER<br>.....<br>EVP, CHIEF ADMINISTRATIVE OFFICER   | 40.00<br>.....   |   |                       | X       |              |                              |        | 502,388   | 0  | 49,974  |
| PATRICK ZARIFIAN<br>.....<br>SVP, CHIEF EXPERIENCE OFFICER  | 40.00<br>.....   |   |                       |         | X            |                              |        | 410,189   | 0  | 49,974  |
| RICHARD HUBENY<br>.....<br>SVP, CHIEF LENDING OFFICER   | 40.00<br>.....   |   |                       |         | X            |                              |        | 333,614   | 0  | 53,895  |
| CHARLES LACUESTA<br>.....<br>SVP, CHIEF INFORMATION OFFICER   | 40.00<br>.....   |   |                       |         | X            |                              |        | 333,510   | 0  | 39,984  |
| DIANE MADISON-JAMMAL<br>.....<br>SVP, CHIEF INNOVATION OFFICER  | 40.00<br>.....   |   |                       |         | X            |                              |        | 314,504   | 0  | 78,958  |
| IRMA JIMENEZ<br>.....<br>VP, MORTGAGE LOAN OFFICER  | 40.00<br>.....   |   |                       |         |              | X                            |        | 335,831   | 0  | 47,188  |
| MARGARET VOSKANIAN<br>.....<br>VP, MORTGAGE LOAN OFFICER  | 40.00<br>.....   |   |                       |         |              | X                            |        | 302,392   | 0  | 34,213  |

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

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| ERIC HOLLINGSWORTH<br>.....<br>VP, MORTGAGE LOAN OFFICER | 40.00<br>.....   |   |                       |         |              | X                            |        | 300,180   | 0  | 47,334  |
| MIGUEL KASSEM<br>.....<br>VP, MORTGAGE LOAN OFFICER      | 40.00<br>.....   |   |                       |         |              | X                            |        | 297,506   | 0  | 43,382  |
| CARLO BOTON<br>.....<br>FINANCIAL ADVISOR                | 40.00<br>.....   |   |                       |         |              | X                            |        | 297,426   | 0  | 10,050  |

**SCHEDULE C**  
**(Form 990)**

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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**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<br>CALIFORNIA CREDIT UNION | Employer identification number<br>95-0951410 |
|---|--|

**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." | ▶ | \$ | 19,396 |
| 2 | Political campaign activity expenditures. See instructions  | ▶ | \$ | 19,396 |
| 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?   |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?  |   |    | <input type="checkbox"/> Yes <input type="checkbox"/> 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  | ▶ | \$ | 19,396  |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   | ▶ | \$ |   |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  | ▶ | \$ | 19,396  |
| 4 | Did the filing organization file <b>Form 1120-POL</b> for this year?  |   |    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) TIM GRAYSON FOR ASSEMBLY 2022                       | 4425-C TREAT BLVD 161<br>CONCORD, CA 94521       |         | 500   |  |
| (2) SAN DIEGO CREDIT UNIONS' POLITICAL ACTION COMMITTEE | 5890 PACIFIC CENTER BLVD<br>SAN DIEGO, CA 92123  |         | 7,996   |  |
| (3) GAVIN NEWSOM FOR CALIFORNIA GOVERNOR 2022           | 1414 K STREET SUITE 250<br>SACRAMENTO, CA 95814  |         | 5,000   |  |
| (4) CALIFORNIA CREDIT UNION LEAGUE PAC                  | 1201 K STREET SUITE 1050<br>SACRAMENTO, CA 94814 |         | 5,400   |  |
| (5) STEVEN BRADFORD FOR STATE CONTROLLER 2022           | 1021 O STREET SUITE 7210<br>SACRAMENTO, CA 95814 |         | 500   |  |
| 6   |  |         |   |  |



**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) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....  | <b>5</b>  |  |

**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 |
|------------------|-------------|
|------------------|-------------|

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: CALIFORNIA CREDIT UNION Employer identification number: 95-0951410

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, and monitoring requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting on art and historical treasures.

**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:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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** Term 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:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**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 |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .        |                                      | 37,782,617                      |                              | 37,782,617     |
| <b>b</b> Buildings . . . . .    |                                      | 85,083,243                      | 26,269,542                   | 58,813,701     |
| <b>c</b> Leasehold improvements |                                      | 27,419,104                      | 17,312,949                   | 10,106,155     |
| <b>d</b> Equipment . . . . .    |                                      | 53,947,103                      | 41,706,314                   | 12,240,789     |
| <b>e</b> Other . . . . .        |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ 118,943,262



**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) LOANS TO AND INVESTMENTS IN NATURAL CU                               | 100,000        | C  |
| (2) PAID-IN CAPITAL AT CORP  | 1,500,000      | C  |
| (3) ALL OTHER INVESTMENTS  | 15,000,000     | F  |
| (4) LOANS HELD FOR SALE  | 20,175,118     | F  |
| (5) NET LOANS & LEASES   | 1,916,583,264  | F  |
| (6) NCUA SHARE INSURANCE CAPITALIZATION DEPOSIT                          | 31,626,591     | C  |
| (7) DEPOSITS IN COMMERCIAL BANKS   | 100,000        | C  |
| (8)  |                |  |
| (9)  |                |  |
| (10)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 1,985,084,973  |  |

**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)  |                |
| (10)   |                |
| <b>Total.</b> (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   |                |
| (2) TOTAL SHARES & DEPOSITS  | 3,792,954,583  |
| (3) DIVIDENDS PAYABLE  | 179,380        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 3,793,133,963  |

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.

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

**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.

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

**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 |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-0951410

**Name:** CALIFORNIA CREDIT UNION

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | ASC 740-10-65, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS DEEMED TO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD SHOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, MANAGEMENT HAS DETERMINED THAT THE CREDIT UNION HAS NO MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, THE CREDIT UNION HAS NOT RECORDED A LIABILITY FOR THE PAYMENT OF INTEREST OR PENALTIES. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CALIFORNIA CREDIT UNION

Employer identification number 95-0951410

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for ASCENCIA, CHILDREN'S MIRACLE NETWORK, GREATER LOS ANGELES ZOO ASSOCIATION, and USS MIDWAY MUSEUM.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
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) SCHOLARSHIPS                | 20                       | 20,000                   |                                  | FMV   |                                       |
| (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:** 95-0951410  
**Name:** CALIFORNIA CREDIT UNION

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

| <b>(a)</b> Name and address of organization or government                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ASCENCIA<br>1851 TYBURN STREET<br>GLENDALE, CA 91204                         | 20-4233822     | 501(C)(3)                            | 6,000                           | 0  | FMV  |   | TO HELP MOVE HOMELESS FAMILIES AND INDIVIDUALS OFF THE STREETS AND INTO THEIR OWN HOME. |
| CHILDREN'S MIRACLE NETWORK<br>205 WEST 700 SOUTH<br>SALT LAKE CITY, UT 84101 | 87-0387205     | 501(C)(3)                            | 26,780                          | 0  | FMV  |   | TO BENEFIT CHILDREN'S MIRACLE NETWORK HOSPITALS IN CALIFORNIA AND NEVADA.               |

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

| <b>(a)</b> Name and address of organization or government                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER LOS ANGELES ZOO ASSOCIATION<br>533 ZOO DR<br>LOS ANGELES, CA 90027 | 95-2369545     | 501(C)(3)                            | 20,000                          | 0  | FMV  |   | IN SUPPORT OF THE ZOO'S INNOVATIVE ANIMAL CARE AND GLOBAL WILDLIFE CONSERVATION EFFORTS.      |
| USS MIDWAY MUSEUM<br>910 NORTH HARBOR DRIVE<br>SAN DIEGO, CA 92101         | 33-0556416     | 501(C)(3)                            | 10,000                          | 0  | FMV  |   | IN SUPPORT OF MIDWAY'S STEM FIELD TRIP PROGRAM AND THE NO CHILD LEFT ASHORE SCHOLARSHIP FUND. |



**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

# 2021

**Open to Public Inspection**

Name of the organization  
CALIFORNIA CREDIT UNION

Employer identification number  
95-0951410

**Part I Questions Regarding Compensation**

|  |   | Yes  | No  |  |   |   |   |  |  |  |  |
|--|---|--|---|--|---|---|---|--|--|--|--|
| <p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                              | <input type="checkbox"/> Housing allowance or residence for personal use | <input checked="" type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use            |  |   |  |   |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> Travel for companions  | <input type="checkbox"/> Payments for business use of personal residence            |  |   |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees   |  |   |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |  |   |  |   |   |   |  |  |  |  |
| <p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>   | <b>1b</b>   | Yes  |   |  |   |   |   |  |  |  |  |
| <p><b>2</b> 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 on Line 1a?</p>   | <b>2</b>  | Yes  |   |  |   |   |   |  |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>  | <input checked="" type="checkbox"/> Compensation committee                          | <input checked="" type="checkbox"/> Written employment contract          | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study         | <input type="checkbox"/> Form 990 of other organizations          | <input checked="" type="checkbox"/> Approval by the board or compensation committee |   |  |  |  |  |
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |  |   |  |   |   |   |  |  |  |  |
| <input checked="" type="checkbox"/> Independent compensation consultant  | <input checked="" type="checkbox"/> Compensation survey or study                    |  |   |  |   |   |   |  |  |  |  |
| <input type="checkbox"/> Form 990 of other organizations   | <input checked="" type="checkbox"/> Approval by the board or compensation committee |  |   |  |   |   |   |  |  |  |  |
| <p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>   |   |  |   |  |   |   |   |  |  |  |  |
| <p><b>a</b> Receive a severance payment or change-of-control payment?</p>  | <b>4a</b>   | Yes  |   |  |   |   |   |  |  |  |  |
| <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>  | <b>4b</b>   | Yes  |   |  |   |   |   |  |  |  |  |
| <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>  | <b>4c</b>   |  | No  |  |   |   |   |  |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>   |   |  |   |  |   |   |   |  |  |  |  |
| <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>   |   |  |   |  |   |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>5a</b>   |  |   |  |   |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5b</b>   |  |   |  |   |   |   |  |  |  |  |
| <p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>   |   |  |   |  |   |   |   |  |  |  |  |
| <p><b>a</b> The organization?</p>  | <b>6a</b>   |  |   |  |   |   |   |  |  |  |  |
| <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>   | <b>6b</b>   |  |   |  |   |   |   |  |  |  |  |
| <p><b>7</b> 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.</p>   | <b>7</b>  |  |   |  |   |   |   |  |  |  |  |
| <p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>   | <b>8</b>  |  |   |  |   |   |   |  |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>   | <b>9</b>  |  |   |  |   |   |   |  |  |  |  |



**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    | COMPANION TRAVEL IS REPORTED AS NONEMPLOYEE COMPENSATION ON FORM 1099-MISC ISSUED TO THE COMPANION.  |
| PART I, LINES 4A-B | THE CREDIT UNION HAS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES UNDER IRC SECTION 457(F). TO SUPPORT THE DEFERRED COMPENSATION PLAN, THE CREDIT UNION HAS ELECTED TO PURCHASE CREDIT UNION-OWNED VARIABLE LIFE INSURANCE AND VARIABLE ANNUITIES. THE SURRENDER VALUE OF THESE INVESTMENTS, INCLUDED IN OTHER ASSETS, WAS \$7.7 MILLION AND \$6.4 MILLION AS OF DECEMBER 31, 2021 AND 2020, RESPECTIVELY. THE CURRENT PARTICIPANTS ARE MARK LOVEWELL, JOHN BRETTHAUER, PATRICK CAREY, ROBERT O'GRADY, AND HUDSON LEE. |



**Schedule L**  
(Form 990)

**Transactions with Interested Persons**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| Name of the organization<br>CALIFORNIA CREDIT UNION | Employer identification number<br>95-0951410 |
|---|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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 the 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? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |   | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
| (1) DIANE MADISON-JAMMAL      | KEY EMPLOYEE                       | 1ST TD MTG  |                                       | X    | 600,000                       | 560,279         |                 | No | Yes                                 |    | Yes                    |    |
| (2) CHARLES LACUESTA          | KEY EMPLOYEE                       | 1ST TD MTG  |                                       | X    | 305,000                       | 169,540         |                 | No | Yes                                 |    | Yes                    |    |
| (3) MARK LOVEWELL             | OFFICER                            | 1ST TD MTG  |                                       | X    | 1,148,000                     | 953,611         |                 | No | Yes                                 |    | Yes                    |    |
| (4) HUDSON LEE                | OFFICER                            | 1ST TD MTG  |                                       | X    | 875,000                       | 856,046         |                 | No | Yes                                 |    | Yes                    |    |
| (5) STEVEN O'CONNELL          | OFFICER                            | FUND PURCHASE OF CASH VALUE LIFE INSURANCE POLICY |                                       | X    | 12,800,000                    | 12,668,763      |                 | No | Yes                                 |    | Yes                    |    |
| <b>Total</b>                  |                                    |   |                                       |      |                               | \$              | 15,208,239      |    |                                     |    |                        |    |

**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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**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 |
|------------------|-------------|
|                  |             |

**SCHEDULE O**  
(Form 990)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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021****Open to Public  
Inspection**Name of the organization  
CALIFORNIA CREDIT UNION

Employer identification number

95-0951410

**990 Schedule O, Supplemental Information**

| Return Reference                              | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | CALIFORNIA CREDIT UNION IS A COOPERATIVE FINANCIAL INSTITUTION THAT IS OWNED AND CONTROLLED BY ITS MEMBERS, AND OPERATED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS TO ITS MEMBERS. CALIFORNIA CREDIT UNION DOES NOT HAVE STOCKHOLDERS. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | THE GOVERNING BOARD OF CALIFORNIA CREDIT UNION IS COMPRISED OF VOLUNTEER MEMBERS WHO ARE DIRECTLY ELECTED BY ITS MEMBERS. EACH MEMBER OF THE GOVERNING BOARD SERVES FOR A PERIOD AS PRESCRIBED BY OUR BY-LAWS. |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | AT THE END OF EACH TERM OF THE BOARD MEMBERS, ELECTIONS ARE HELD AND BOARD MEMBERS ARE VOTED BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS BY-LAWS. MEMBER VOTES ARE ALSO REQUIRED TO RATIFY DECISIONS DEALING WITH REORGANIZATIONS AS IN THE CASE OF MERGER OR DISSOLUTION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>   |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | THE ORGANIZATION'S FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. COMPLETED FORM IS REVIEWED BY MANAGEMENT AND A COPY IS PROVIDED TO THE BOARD OF DIRECTORS FOR INFORMATIONAL PURPOSES PRIOR TO SUBMISSION. |

# 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | THERE ARE REGULAR COMPLIANCE REVIEWS BY THE CREDIT UNION'S COMPLIANCE OFFICER WHICH ADDRESSES COMPLIANCE WITH ALL CREDIT UNION POLICIES. IN ADDITION, REGULATORS AND CPA'S MONITOR COMPLIANCE DURING THEIR PERIODIC AND ANNUAL AUDITS. |

# 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | THE VICE PRESIDENT OF HUMAN RESOURCES CONTRACTS WITH EXTERNAL CONSULTING COMPANY, HRN PERFORMANCE SOLUTIONS, WHO PROVIDES MARKET SURVEYS ON COMPENSATION FOR KEY OFFICERS. COMPENSATION COMMITTEE REVIEWS AND APPROVES THE RESULTS. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE ORGANIZATION MAKES DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE TO MEMBERS UPON REQUEST BY PROVIDING PAPER OR ELECTRONIC COPIES BY WHICHEVER MEANS REQUESTED. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>            | <b>Explanation</b>  |
|------------------------------------|---|
| FORM 990,<br>PART XII,<br>LINE 2C: | THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR. |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CALIFORNIA CREDIT UNION

**Employer identification number**

95-0951410

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | 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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
|   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity   | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|------------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                    |  |                              |                                    |                             | Yes  | No |
| <b>(1)</b> CALIFORNIA MEMBERS TITLE INSURANCE COMPANY<br>701 NORTH BRAND BLVD 7TH FLOOR<br>GLENDALE, CA 91203<br>46-5751336 | INSURANCE SERVICES      | CA   | CALIFORNIA MEMBERS HOLDING COMPANY | C  | 242,803                      | 5,904,350                          | 100.000 %                   | Yes  |    |
| <b>(2)</b> CALIFORNIA MEMBERS HOLDING COMPANY<br>701 NORTH BRAND BLVD 7TH FLOOR<br>GLENDALE, CA 91203<br>46-5739707         | FINANCIAL SERVICES      | CA   | CALIFORNIA CREDIT UNION            | C  |                              | 8,010,000                          | 100.000 %                   | Yes  |    |
| <b>(3)</b> CALIFORNIA MEMBERS TITLE COMPANY<br>701 NORTH BRAND BLVD 7TH FLOOR<br>GLENDALE, CA 91203<br>35-2589911           | INSURANCE SERVICES      | CA   | CALIFORNIA CREDIT UNION            | C  | 8,065,351                    | 1,931,795                          | 100.000 %                   | Yes  |    |
|   |                         |  |                                    |  |                              |                                    |                             |  |    |
|   |                         |  |                                    |  |                              |                                    |                             |  |    |
|   |                         |  |                                    |  |                              |                                    |                             |  |    |
|   |                         |  |                                    |  |                              |                                    |                             |  |    |
|   |                         |  |                                    |  |                              |                                    |                             |  |    |



**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 |
|--|---------------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |               |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               | <b>1a</b> Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | <b>1b</b>     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | <b>1c</b>     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | <b>1d</b>     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | <b>1e</b>     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  | <b>1f</b>     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   | <b>1g</b>     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   | <b>1h</b>     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   | <b>1i</b>     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | <b>1j</b>     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | <b>1k</b>     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  | <b>1l</b>     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | <b>1m</b>     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | <b>1n</b>     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | <b>1o</b> Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | <b>1p</b> Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | <b>1q</b>     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | <b>1r</b>     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | <b>1s</b>     | 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)<br>Name of related organization            | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) CALIFORNIA MEMBERS TITLE INSURANCE COMPANY | P                             | 5,506,971              | ACTUAL AMOUNT PAID                           |
| (2) CALIFORNIA MEMBERS TITLE INSURANCE COMPANY | O                             | 72,310                 | ACTUAL AMOUNT PAID                           |
| (3) CALIFORNIA MEMBERS TITLE INSURANCE COMPANY | A                             | 173,906                | ACTUAL AMOUNT PAID                           |
|  |                               |                        |  |
|  |                               |                        |  |
|  |                               |                        |  |



**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |