DLN: 93493304020889 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable THE GOLDEN 1 CREDIT UNION ☐ Address change 94-0362025 % ALLYSON HILL SVP/CFO ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return ☐ Application pending (916) 732-2900 City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA $\,$ 95826 $\,$ G Gross receipts \$ 716,254,750 Name and address of principal officer H(a) Is this a group return for DONNA A BLAND ☐Yes ☑No subordinates? 8945 CAL CENTER DRIVE H(b) Are all subordinates SACRAMENTO, CA 95826 ☐ Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (14) ◀ (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW GOLDEN1 COM L Year of formation 1933 M State of legal domicile CA Summary 1 Briefly describe the organization's mission or most significant activities THE GOLDEN 1 CREDIT UNION DELIVERS FINANCIAL SOLUTIONS WITH VALUE, CONVENIENCE, AND EXCEPTIONAL SERVICE Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 11 4 11 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 2,248 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 8,935,501 **b** Net unrelated business taxable income from Form 990-T, line 34 1,086,899 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 281,684,200 9 Program service revenue (Part VIII, line 2g) . 315,932,077 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 69,128,218 66,071,258 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 102,749,436 101,452,890 453,561,854 483,456,225 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 127,956,122 133,218,889 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 237,849,755 256,822,866 365,805,877 390,041,755 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 87,755,977 93,414,470 Net Assets or Fund Balances Beginning of Current Year End of Year 11,486,760,824 12,255,270,007 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 10,187,619,202 10,862,192,247 22 Net assets or fund balances Subtract line 21 from line 20 . 1,299,141,622 1,393,077,760 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 2019-10-25 Signature of officer Sign Here ALLYSON HILL SVP-CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2019-10-23 P00231474 Paid self-employed Firm's name **KPMG** LLP Firm's EIN ▶ Preparer Use Only Firm's address ► 500 Capitol Mall Suite 2100 Phone no (916) 448-4700 Sacramento, CA 95814 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	nt III Statem	nent of Program Service Aco	complishments		
	Check If	Schedule O contains a response or	note to any line in this Part III .		🗆
1	Briefly describe	the organization's mission	·		
PURF	OSE OF THE COR	IT UNION DELIVERS FINANCIAL SC RPORATION IS TO ENGAGE IN CRE BY APPLICABLE LAWS OR REGULAT	DIT UNION BUSINESS AND ANY O		
2		ation undertake any significant pro 990 or 990-EZ?			☐ Yes ☑ No
3	If "Yes," describ				
	Did the organization	cts, any program	☐ Yes ☑ No		
	If "Yes," describ	oe these changes on Schedule O			
4	Describe the org Section 501(c)(expenses, and r	sured by expenses the total			
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Dat	ta			<u>, </u>
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Date	ta			
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	See Additional Date	ta			
4d	Other program	services (Describe in Schedule O)			
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program	ı service expenses ►			
					Form 990 (2018)

Form	990 (2018)			Page 3
Pa	tIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 2	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔁	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 2	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		No

18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Νo 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Νo b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Νo 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

18

19

Νo

No

17

	Charlist of Beguired Schodules (continued)			rage -
Pai	tiV Checklist of Required Schedules (continued)	1	Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	110
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28 c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
80	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• ;		<u> </u>
			Yes	No

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

214,599

1c

Yes

1a

1b

d If "Yes," indicate the number of Forms 8282 filed during the year 7d |

> 7e 7f

> 7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

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10a

10b

11a

11b

12b

13b

13c

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . .

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

against amounts due or received from them)

b Gross income from other sources (Do not net amounts due or paid to other sources

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

19

20

orm	990 (2018)			Page (
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	•	onse to	lines 🗸
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	ĺ
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
		\Box	Yes	No
.0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

State the name, address, and telephone number of the person who possesses the organization's books and records ►ALLYSON HILL SVPCFO 8945 CAL CENTER DRIVE SACRAMENTO, CA 95826 (916) 732-2900 Form **990** (2018)

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-
	of the organization's current key		•								
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Part VII

RESCUE, CA 95672

Allied Universal Security Services, PO BOX 31001-2374 PASADENA, CA 911102374

compensation from the organization ▶ 5

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

(A) (B) (C) (D) (E) (F)

Page **8**

	(A) Name and Title	(B) Average hours per week (list any hours for related	than d	ne b	ox, u n off	t cha unle: ficer	eck moss pers r and a ee)	son	Repo compe fron organiza	D) rtable nsation the ation (WMISC)	tion compensation from relate (W- organizations		ortable Estim ensation amount related comper		Estim amount comper from	ated of other isation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1093	-MISC)		2, 109	9-111JC		rela organiz	ted
See Additional Data Table																
c 1	Gub-Total	art VII , Section	Α			ı	*		9.3	47,840				0		969,945
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	· · · · · · · · · · · · · · · · · · ·		\$100,0	000		-		
															Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey eı •	mple •	oyee,	or hi	ghest com	pensat	ed em	ployee	on	3	Yes	
4	For any individual listed on line 1a, is organization and related organization											e				
	ındıvıdual			•	•	•	•				•		•	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ion or II	ndıvıdı • •	ual for •	-	5		No
-	ction B. Independent Contract														<u>'</u>	
1	Complete this table for your five high- from the organization Report comper													npens	sation	
(A) Name and business address Description of services										C) nsation						
660 J	mento Kings, Sreet AMENTO, CA 95812								1	Advertisii						5,005,000
DNA I 1301	FIFTH AVENUE SUITE 2600 FIFTH AVENUE SUITE 2600 FLE, WA 98101								,	ADVERTI	SING				į	5,975,611
Bucha 1000	ilter Nemer, Wilshire Blvd Suite 1500								-	Attorney-	Legal S	Serv				519,422
Printii PO Bo	OS ANGELES, CA 900172457 Printing By Design, Po Box 103 RESCUE. CA 95672									623,033						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

491,334

Security Services

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Part	VIII										
		Check if Schedul	e O contains a	respons	e or note to any l	(A) Total revenue	Rela ex fui	(B) ated or kempt nction venue	(C) Unrelat busine revenu	ss	(D) Revenue excluded from tax under sections 512 - 514
(6	1	a Federated campaigr	ns	1a	I		- 10	venue			312 311
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues .		1b							
3ra not		c Fundraising events		1c							
s, (An		d Related organization	L	1d							
iit Iar		e Government grants (co	Ļ	1e							
s, (iiii		f All other contributions,	Ľ	Te							
ion		and similar amounts no above		1f							
tributio Other			ne included	·							
들으		g Noncash contribution in lines 1a - 1f \$	nis included								
Contand		h Total. Add lines 1a-	-1f		•	0					
3 .	Г				Business						
JE (2a	a INTEREST INCOME - LOA	ANS			315,9 522200	32,077	315,93	2,077		
4						322200					
Ce F	6	·									
er vi	٦	:		_							
Š				_							
Program Service Revenue		- · All other program sei	rvice revenue								
P.	a	I Total. Add lines 2a-2	f		315,9	32,077					
		Investment income (ir			erest and other		1				
		sımılar amounts) .			>	63,603,271		63,603,271			
	l	Income from investme		npt bond	proceeds >	(
	5	Royalties			•	(
	6-	a Gross rents	(ı) Real		(II) Personal						
	١٠٠	a Gross rents									
	ŀ	b Less rental expenses									
	١,	c Rental income or		0	0						
	`	(loss)									
	(d Net rental income of	r (loss)		+ + •	(
	_		(ı) Securiti	es	(II) Other						
	7 a	Gross amount from sales of	194,94	6,422	40,320,090						
		assets other than inventory									
	t	b Less cost or									
		other basis and sales expenses	192,55	1,720	40,246,805						
	l	C Gain or (loss)	·	4,702	73,285						
	l	d Net gain or (loss) .		_	•	2,467,987	7	2,467,987			
e	88	Gross income from fu (not including \$	undraising eve o								
n K		contributions reporte									
eve	١.	See Part IV, line 18		a	0						
r R	l	b Less direct expenses c Net income or (loss)		b	-						
Other Revenue		Gross income from g		_							
0		See Part IV, line 19									
	١.	.		a	0						
	l	b Less direct expenses c Net income or (loss)		b							
		aGross sales of invent		Total Vicios	· · •						
		returns and allowanc									
	١.			a	0						
		b Less cost of goods s		b							
	Ľ	Net income or (loss) Miscellaneous			Business Code		1				
	11	1aCHECKING ACCOUN			522100	30,948,092	2	30,948,092			
				-							
		STAR NETWORK FEE	: INCOME		522100	21,326,538	3	21,326,538			
		STAN NETWORK FEE	. TINCOME			, ==,,,,		, ,			
	,	DEBIT CARD INCOM		-+	522100	20,544,878	3	20,544,878			
	`	- PEDIT CARD INCOM	_					,,			
	_ ا	d All other revenue .				28,633,382	2	28,633,382			
		e Total. Add lines 11a			•	20,000,000					
		2 Total revenue. See		=	•	101,452,890					
		- iotai ieveliue. 588	THE UCHOUS		· · · >	483,456,225	5	483,456,225		3,935,501	Form 990 (2018)

orm 990 (2018)				Page 1
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆</u>
b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,317,785			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	90,326,151			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,688,347			
9 Other employee benefits	15,509,157			
L 0 Payroll taxes	8,377,449			
L1 Fees for services (non-employees)				
a Management	0			
b Legal	5,433,949			
c Accounting	649,208			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,975,467			
.2 Advertising and promotion	16,220,956			
.3 Office expenses	13,815,005			
4 Information technology	12,470,820			
5 Royalties	0			
.6 Occupancy	16,516,365			
7 Travel	1,039,724			
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
9 Conferences, conventions, and meetings	637,089			
20 Interest	4,498,015			
1 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,681,679			
	657,465			
23 Insurance	037,403			
a DISBURSEMENTS TO MEMBERS	40,073,727			
b PROVISION FOR LOAN LOSSES	59,546,846			
c PRODUCT SERVICES	30,383,142			
d ATM EXPENSES	24,157,980			
e All other expenses	11,065,429			
25 Total functional expenses. Add lines 1 through 24e	390,041,755			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part IX .			🗆
		(A) Beginning of year		(B) End of year
	Cash-pan-interest-hearing	155 135 401	1	121 463 144

Page **11**

0

1,393,077,760

1,393,077,760

12,255,270,007

Form **990** (2018)

28

29

30

31

32

33

34

1,299,141,622

1,299,141,622

11,486,760,824

Form 990 (2018)

Net Assets or Fund Bal

28

29

30

31

32

33

34

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . .

	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	767,141,272	4	762,374,832
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	6,903,637	5	15,854,550
Š	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
ets	7	Notes and loans receivable, net	8,110,335,887	7	8,750,716,550
Š	_				

	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 ations o (see in	(c)(3)(B), and of section 501(c)(9) structions) Complete	0	6	0
ets	7	Notes and loans receivable, net	•		8,110,335,887	7	8,750,716,550
\$8	8	Inventories for sale or use			0	8	0
4	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	178,187,676			
	ь	Less accumulated depreciation	10b	104,482,606	75,111,416	10c	73,705,070
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities See Part IV, line	11 .		1,807,183,990	12	1,933,048,257
	13	Investments—program-related See Part IV, line		0	13	0	
	14	Intangible assets	0	14	0		
	15	Other assets See Part IV, line 11	564,949,221	15	598,107,604		

	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,486,760,824	16	12,255,270,007
	17	Accounts payable and accrued expenses	2,611,164	17	4,430,116
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ge		persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0

	26	and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D Total liabilities. Add lines 17 through 25	10,187,619,202	26	10,862,192,247
ances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EARNING COMPETITIVE DIVIDEND RATES, OUR MEMBERSHIP CAN ACCESS THEIR DEPOSITS THROUGH OUR BRANCH NETWORK, VIA AN ATM, ONLINE OR BY CALLING OUR

EIN: 94-0362025

Name: THE GOLDEN 1 CREDIT UNION

Form 990 (2018)

MEMBER SERVICE CONTACT CENTER

Form 990, Part III, Line 4a: GOLDEN 1 OFFERS AN ARRAY OF DEPOSIT PRODUCTS TO OUR MEMBERSHIP, INCLUDING SAVINGS, CHECKING, MONEY MARKET, IRAS AND CERTIFICATES WHILE

Form 990, Part III, Line 4b:

GOLDEN 1 OFFERS AN ARRAY OF COMPETITIVE LOAN OPTIONS TO OUR MEMBERSHIP, INCLUDING NEW AND USED AUTO, FIRST MORTGAGE, HOME EQUITY, CREDIT CARD AND PERSONAL LOANS, GOLDEN 1 STRIVES TO MAINTAIN COMPETITIVE PRICING AND A VARIETY OF LOAN PRODUCTS THAT MEET OUR MEMBER'S BORROWING NEEDS.

MEMBERS CAN APPLY FOR LOANS IN A BRANCH, ONLINE, OR AT AN AUTO DEALERSHIP

Form 990, Part III, Line 4c: GOLDEN 1 OFFERS OUR MEMBERS AN ARRAY OF INSURANCE AND INVESTMENT-RELATED PRODUCTS SUCH AS CREDIT LIFE/CREDIT DISABILITY, MECHANICAL BREAKDOWN INSURANCE, GUARANTEED ASSET PROTECTION AND FINANCIAL CONSULTING

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Ting Lan Sun	5 0	l .								
Director, Chair	0 0	×						l u	0	0
Parıs Coleman	5 0	х						0	0	0
Director, Vice Chair	0 0							0	0	
Craig Brown Director, Secretary/Treasurer	5 0	×						0	0	0
	0 0 6 0			<u> </u>	_					
Keeley Bosler		×						0	0	0
Director	0 0	l .								
P Craig Cornett	5 0									

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P Craig Cornett

Director

Director

Director

Director

Director

Director

Samantha Lui

Aeisha Mastagni

James Gomez

John Harrigan

Cassandra Jennings

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

	any nours		and a director/trustee)					Organization	organizations	rrom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Kerı L Thomas	5 0	X						0	0	0	
Director	0 0										
Donna Bland President/CEO	60 O			х				774,536	0	43,807	
Tommy Genessy EVP/Service Ops, Security, Tec	60 0			х				431,550	0	43,807	
Dustin Luton EVP/Finance Risk & Admin	60 0			х			·	400,691	0	36,199	
EVE/FINANCE NISK & AUTHIN	0 0		l	l	I	i I					

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436,348

96,696

268,623

328,150

278,538

268,800

0

0

0

0

30,134

9,850

32,174

32,230

24,025

24,907

0 0 60 0

0.0 60 0

0 0

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EVP/Service Ops, Security, Tec	0 0
Dustin Luton	60 0
EVP/Finance Risk & Admin	0 0
Richard Musci	60 0
EVP/Products and Delivery	0.0

Heather Andrade-Neumann

SVP/Chief Marketing Officer

SVP/Chief Lending Officer

SVP/Security, Tech, Infrastr

SVP/Service Operations

SVP/Chief HR Officer

Douglas Aguiar

Greg Brown

Kathy Flynn

Chad Carrington

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Marlen Foster

VP- Digital Channel Delivery

Elizabeth Freeman-Rogers

VP - Investment Officer

VP - Compliance Officer

VP- Consumer Lending

Joseph Harrison

VP- Audit Services

Ryan Kelly

Ryan Little

	any hours	and	a dır	ecto	or/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Allyson Hill SVP/CFO	60 0			х				336,106	0	16,800
Courtney Linn SVP/General Counsel	0 0 60 0			х				321,320	0	25,244
Michael Popp SVP/Chief Retail Officer	60 0			x				267,923	0	38,799
Walter Anasovitch	50 0				x			209,170	0	35,762

Mıchael Popp	60 0		×			267,923	0	
SVP/Chief Retail Officer	0 0					207,923	U	
Walter Anasovitch	50 0							
VP- Member Care	0 0			×		209,170	0	
Dıana Fortı Isales	50 0			x		202,863	0	
VP- Cards	0 0			^		202,003		

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50 0

0 0 50 0

0.0 50 0

0 0

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25,849

27,260

40,201

30,226

30,080

38,033

0

0

227,517

233,940

186,147

182,262

225,253

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours								organizations	from the organization and	
	for related organizations below dotted line)	rganizations 이 마리 이 이 이 이 마리를 하는 MISC) MISC) MISC) MISC)	(W- 2/1099- MISC)	related organizations							
Kyle Long	50 0				×			164,930	0	30,302	
VP-Corporate Strategy	0 0							ŕ		,	
Molly Mallinson VP- Integrated Solutions	50 0 0 0				×			196,928	0	25,922	
Erica Taylor VP- Communications & Community	50 0				×			189,229	0	13,518	
John Tennant VP - Contact Center	50 0				x			155,577	0	25,783	

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235,339

175,827

215,520

200,443

194,792

196,086

37,048

34,255

20,387

27,618

13,618

21,620

0

50 0

0 0 50 0

0 0 50 0

0 0

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John Tennant
VP - Contact Center
Harpal Sıdhu
VP- IT Applications
Denise Zboralske

VP - Finance

Terri Bertrand

Steven Frith

Lew Lemon

Gary Paul

Financial Consultant

Financial Consultant

Financial Consultant

Home Loan External Advisor

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joshua Summerhays Financial Consultant	50 0					x		202,226	0	38,777
Nicole Bloss User Interface Designer	50 0 0 0						×	129,379	0	11,763
James Deas VP- Branch Channel Delivery	50 0						×	216,567	0	10,152
Jose Delgado SVP/Chief Retail Officer	50 0						×	270,554	0	8,351

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103,360

126,974

328,603

131,875

127,082

110,116

0

0

0

0

6,047

4,623

10,750

9,270

23,707

11,047

50 0

0 0 50 0

0.0 50 0

0 0

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VP- Branch Channel Delivery
Jose Delgado
SVP/Chief Retail Officer
Daniel Draper

Senior Manager- IT

Samuel Eddings

Manager- IT

George Myers

Anıta Massey

Anthony Paro

Mason McCartney

Regional Product Manager

Manager- Talent Acquisition

SVP/Chief HR Officer

Senior Manager- Branch Channel

and Independent Contractors

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493304020889

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

•	Section 527 organizations Complete	501(c)(3)) organizations Complete Parts te Part l-A only n Form 990, Part IV, Line 4 , or Form 9		·) than	
• • f th Pro	Section 501(c)(3) organizations that Section 501(c)(3) organizations that e organization answered "Yes" or by Tax) (see separate instruction	t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax is), then	ection 501(h)) Conder section 501(h)	mplete Part II-A Do i)) Complete Part II-B	not cor Do n	mplete Part II- ot complete P	art II-A
	Section 501(c)(4), (5), or (6) organization	zations Complete Part III		Employer	r ident	tification nun	nber
TH	E GOLDEN 1 CREDIT UNION			94-03620			
Pai	rt I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is			ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instruct	ions fo	or definition of	
2	Political campaign activity expend	•	• \$	\$	9,500		
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •					
Pa	rt I-B Complete if the orga	nization is exempt under section	n 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization under se	ection 4955	,	• \$	\$	
2	Enter the amount of any excise to	,	• \$	\$			
3	If the organization incurred a sec			☐ Yes	☐ No		
4a	Was a correction made?			☐ Yes	□ No		
b							
Pa	rt I-C Complete if the orga	nization is exempt under section	n 501(c), exce	pt section 501(c	:)(3).	1	
1	Enter the amount directly expend	led by the filing organization for section	527 exempt functi	on activities	\$	\$	
2	Enter the amount of the filing org function activities	panization's funds contributed to other o	rganızatıons for se	ction 527 exempt	\$	\$	9,500
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►		\$	9,500
4	Did the filing organization file For	rm 1120-POL for this year?				✓ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of r each organization listed, enter the amo that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate po	filing organization's folitical organization, s	funds	h the filing Also enter the	amount
	(a) Name	(d) Amount paid fi filing organization funds If none, en -0-	n's	contribution and prom directly deliv separate	Amount of political stributions received and promptly and ectly delivered to a separate political panization. If none,		
	CA CREDIT UNION GUE PAC	9500 CLEVELAND AVE SUITE 200 RANCHO CUCAMONGA, CA 91730	94-2329967	g	9,500		
2							
3							
1							
5							
5							
or	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedu	ıle C (F	orm 990 or 99	0-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018

activity

Volunteers?

Media advertisements?

expenditure next year?

Return Reference

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

5

Part IV

FORM 990

1

(b)

Amount

(a)

No

Yes

4

5

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b 2c С Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 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

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

UNION LEAGUE POLITICAL ACTION COMMITTEE (PAC) DURING 2018

Explanation

SCHEDULE C, PART 1-A, LINE 1 THE GOLDEN 1 CREDIT UNION CONTRIBUTED TO THE CALIFORNIA CREDIT

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

DLN: 93493304020889OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization EGOLDEN 1 CREDIT UNION			Emp	oloyer identificat	ion number	
INE	: GOLDEN 1 CREDIT UNION			94-0	362025		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye			r Acc	ounts.		
	Complete if the organization answered Te	(a) Donor advis			(b)Funds and oth	er accounts	_
L	Total number at end of year	(=, = = = = = = = = = = = = = = = = = =			(2) amaz amaz am		_
2	Aggregate value of contributions to (during year)						_
3	Aggregate value of grants from (during year)						_
1	Aggregate value at end of year						_
-	Did the organization inform all donors and donor adviso	re in writing that the acce	ets held in donor ad	viced i	funds are the		_
,	organization's property, subject to the organization's ex		ets neid in donor ad	viseu	iunus are the	☐ Yes ☐ N	0
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					☐ Yes ☐ N	o
Pa	rt III Conservation Easements. Complete if th	ne organization answe	red "Yes" on Forn	า 990	, Part IV, line 7.		Ť
	Purpose(s) of conservation easements held by the organ				,		_
	Preservation of land for public use (e.g., recreation	· — ·	Preservation of an	histor	ically important lar	nd area	
	Protection of natural habitat		Preservation of a c		• •		
		Ш	Preservation of a c	erune	a nistoric structure	2	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation co	ntribution in the for	m of a		1 611 37	_
_	Total number of conservation easements		I	2a	Held at the En	d of the Year	_
a L	Total acreage restricted by conservation easements		}	2a 2b			_
b	Number of conservation easements on a certified historic	c structure included in (a	,	2c			_
c d	Number of conservation easements included in (c) acqui	•	·	2d			_
a	structure listed in the National Register	red after 7/25/00, and fit	or on a mistoric	Zū			_
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished	, or terminated by	the or	ganızatıon durıng t	he	
1	Number of states where property subject to conservatio	n easement is located >					
5	Does the organization have a written policy regarding th	ne periodic monitoring, in	spection, handling o	of viola	ations,		
	and enforcement of the conservation easements it holds				☐ Yes	i □ No	
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	ns, and enforcing co	nserv	ation easements d	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, ar	nd enforcing conserv	/ation	easements during	the year	
3	Does each conservation easement reported on line 2(d)	above satisfy the require	ements of section 17	70(h)(4)(B)(ı)		
	and section $170(h)(4)(B)(II)^{7}$				☐ Yes	i □ No	
•	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organizat	revenue and exper tion's financial state	nse sta ments	atement, and that describes		
Par	rt III Organizations Maintaining Collections Complete if the organization answered "Ye			er Sii	milar Assets.		
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, educati	on, or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publically following amounts relating to these items	6 (ASC 958), to report in lic exhibition, education,	its revenue statem or research in furtho	ent ar erance	nd balance sheet we of public service,	orks of art, provide the	
((i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(ii)Assets included in Form 990, Part X				▶ \$		
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			ncıal g	ain, provide the		
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		

b Assets included in Form 990, Part X

Par	t III	Organizations Ma	aintaining Collection	s of Art,	Histori	ical T	reası	ıres, or	Other	Similar A	ssets (cor	ntınued)	
3		the organization's acq (check all that apply)	uisition, accession, and ot	her records	s, check	any of	the fo	llowing th	hat are a	a significant i	use of its c	ollection	
а		Public exhibition			d		Loan	or excha	inge pro	grams			
b		Scholarly research			е		Othe	r					
c		Preservation for future	e generations										
4	Provid Part >		organization's collections	and explain	how the	ey furtl	her the	e organiza	ation's e	xempt purpo	ose in		
5			anization solicit or receive nds rather than to be mair							nılar	☐ Yes	□ No	
Pa	rt IV		odial Arrangements. ganization answered "\		orm 990	, Part	IV, lı	ne 9, or	report	ed an amou	unt on For	m 990, Pa	rt
1a		e organization an agent led on Form 990, Part X	t, trustee, custodian or oth X?	er interme	dıary for	contri	bution	s or othe	r assets	not	☐ Yes	□ No	
b	If "Ye	es," explain the arrange	ement in Part XIII and con	nplete the f	ollowing	table		Γ		Α	mount		
С	Begin	ning balance							1c				
d	Addıt	ions during the year							1d				
е	Dıstrı	butions during the year	r						1e				
f	Endın	g balance							1f				
2a	Did th	ne organization include	an amount on Form 990,	Part X, line	21, for	escrov	v or cu	istodial a	ccount li	ability?	☐ Yes	□ No	
b	If "Ye	s," explain the arrange	ement in Part XIII Check I	nere if the e	explanat	ion has	s been	provided	l ın Part	XIII			
Pa	rt V	Endowment Fund	ds. Complete if the org	anızatıon	answer	ed "Y	es" oı	n Form 9	990, Pa	rt IV, line 1	LO.		
			(a) Cu	rrent year	(b) P	rıor yea	ır	(c)Two ye	ars back	(d)Three year	ars back (e	Four years b	ack
	-	ing of year balance .											
		outions											
		estment earnings, gair	•										
		or scholarships											
е		expenditures for facilitie ograms	es										
f		strative expenses .											
		year balance											
2		•	ntage of the current year	and halanc	o (lino 1	a solu		\\ hold as					
a		de the estimated percei I designated or quasi-e	= :	end balanc	e (iiiie 1	g, colu	iiii (a)) Held as	•				
b		anent endowment >											
c		orarily restricted endov	wment >										
·			, 2b, and 2c should equal	100%									
За	•		not in the possession of t		ation tha	t are h	eld an	d adminis	stered fo	or the			
	organ	iization by		_								Yes N	0
	• •	related organizations				•					3a(i		
		elated organizations .				 اعداد است					3a(i 3b	-	
4			lated organizations listed a ended uses of the organiza	•							30		—
	rt VI	Land, Buildings,		acion 3 chac	5 WITHCHIE	Idilas							
. u			ganization answered "\	es" on Fo	rm 990	, Part	IV, li	ne 11a.	See Fo	rm 990, Pa	ırt X, lıne	10.	
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cos	st or other	basis (other)	(c) Accı	umulated	depreciation	(b)	Book value	
1a	Land		7,634,0	26								7,63	4,026
b	Buildin	gs	50,579,7	'39						20,605,665		29,97	4,076
С	Leaseh	old improvements											
d	Equipm	nent	119,973,9	11						83,876,942		36,09	6,968
								†					

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

Part VII Investments—Other Securities. Complete if See Form 990, Part X, line 12.	the organization answ	ered "Yes" on Form 99	00, Part IV, line 11b.
(a) Description of security or category	(b) Book value		od of valuation
(including name of security) (1) Financial derivatives		Cost or end-of	f-year market value
(2) Closely-held equity interests			
(3) Other(A) US GOVERNMENT AGENCY OBL -AFS	1,454,585,069		F
(B) US GOVERNMENT AGENCY OBL -HTM	478,463,188		С
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	1 022 040 257		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.	1,933,048,257		
Complete if the organization answered 'Yes' on (a) Description of investment	Form 990, Part IV, lin		Part X, line 13.
	(b) Book value		f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		200 B 1 V 1 45
Part IX Other Assets. Complete if the organization answer (a) Description		t IV, line IId See Form s	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization			10 00 116
See Form 990, Part X, line 25.			Te or TIT.
1. (a) Description of liability (1) Federal income taxes	(b) Bo	ok value	
REGULAR SHARES		0 2,719,483,030	
SHARE DRAFTS AND MM ACCOUNTS		5,116,218,870	
TERM SHARE CERTIFICATES OTHER LIABILITIES	<u> </u>	1,886,444,851	
OTHER LIABILITIES (5)		135,615,380	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		0,857,762,131	
2. Liability for uncertain tax positions. In Part XIII, provide the text organization's liability for uncertain tax positions under FIN 48 (ASC			<u> </u>

Part XI

Part XII

1

2

d

3

b

5

Part XIII

See Additional Data Table

2

Schedule D (Form 990) 2018

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

1

1,398,494

17,563

2e

3

4c

5

Page 4

1,398,494 483,456,225

483,456,225

390,059,318

17,563 390,041,755

390.041.755

Schedule D (Form 990) 2018

b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			 2e	
3	Subtract line 2e from line 1			3	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Add lines 2a through 2d	 			•	2€
Subtract line 2e from line 1	 				3
Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$					
Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
		1			1

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Supplemental Information

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Return Reference

Prior year adjustments

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII)	4b				
c	Add lines 4a and 4b		•		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	

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

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

2a 2b

2c

2d

4a 4b

Explanation

Schedule D (Form 990) 2018						
Part XIII Supplemental Info	nation (continued)					
Return Reference	Explanation					

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version:

EIN: 94-0362025

Name: THE GOLDEN 1 CREDIT UNION

Supplemental Information

Return Reference	Explanation
FORM 990	In accordance with FASB ASC Subtopic 740-10 - Income Taxes - Overall, the Credit Union rec ognizes the effect of income tax positions only if those positions are more likely than no t of being sustained Recognized income tax positions are measured at the largest amount t hat is greater than 50% likely of being realized Changes in recognition or measurement ar e reflected in the period in which the change in judgment occurs. The amount of unrecogniz ed tax benefits at December 31, 2018 and 2017 was \$ 0 and \$0 respectively, including inter est and penalties. As of December 31, 2018 and 2017, the Credit Union had accrued \$0 and \$0 respectively, for the interest and penalties related to unrecognized tax benefits.

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19330	4020	889	
Sch	nedule J	Co	mpensati	ion Information	40	1B No	1545-0	0047	
(Form 990)		For certain Office	2010						
		► Complete if the org	anization answ	ated Employees vered "Yes" on Form 990, Part IV ato Form 990.	, line 23.	2018			
•	tment of the Treasury	► Go to <u>www.irs.go</u>		instructions and the latest infor	mation.		o Pul		
	al Revenue Service ne of the organiza	ation			Employer identificat		ectio		
	GOLDEN 1 CREDIT						iiiibci		
Da	rt I Questi	ons Regarding Compensat	ion		94-0362025				
	Questi	ons Regarding Compensat					Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		s or charter travel		Housing allowance or residence for	personal use				
	_	companions	닏	Payments for business use of perso					
		nification and gross-up payments		Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ш	Personal services (e g , maid, chau	ffeur, chef)				
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all	- 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	e la ^r				
3	organization's C	EO/Executive Director Check all	that apply Do r	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	`	ed organization to establish comp	rensation of the v	clo, Executive Director, but explain	mi i aic III				
	· ·	ation committee		Written employment contract					
		ent compensation consultant	⊻	Compensation survey or study					
	☐ Form 990	of other organizations	¥	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol payment?			4a	Yes		
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b	Yes		
С		r receive payment from, an equi		-		4c		No_	
	ir res to any c	or lines 4a-c, list the persons and	provide the app	olicable amounts for each item in Par	t III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5		ed on Form 990, Part VII, Section ontingent on the revenues of		the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
а	The organization	n?				6 a			
b	Any related orga					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 67 If "Yes		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	v the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. 1	50053T Schedule J	(Form	990)	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (C) Retirement (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as reportable compensation Bonus & incentive deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (Fo	orm 990) 2018

Schedule J (Form 990) 2018										
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									

ITRAVEL TO AND FROM SUCH EVENT PER GOLDEN 1'S BOARD TRAVEL POLICY

Return Reference	Explanation
M 990, SCHEDULE J, PART I, LINE	Two previous Senior Vice Presidents and one Vice President received severance payments during 2018

Return Reference	Explanation
	DONNA BLAND, PRESIDENT AND CEO, AND THE THREE EXECUTIVE VICE PRESIDENTS PARTICIPATE IN A SPLIT DOLLAR LIFE INSURANCE PLAN AS APPROVED BY THE BOARD OF DIRECTORS

2018 Schedule 1

Software ID:

Software Version:

EIN: 94-0362025

Name: THE GOLDEN 1 CREDIT UNION

Form 990, Schedule	₃J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Donna Bland President/CEO	(1)	572,263	135,225	67,048	16,500	27,307	818,343	0
	(11)	0	0	0	0	0	0	0
Tommy Genessy EVP/Service Ops, Security, Tec	(1) (11)	308,593 0	63,523 0	59,434 	16,500 	27,307 0	475,357 0	0
Dustin Luton EVP/Finance Risk & Admin	(ı)	299,617 	62,785	38,289	16,500	19,699	436,890	0
Richard Musci EVP/Products and Delivery	(1)	310,761	75,963	49,624	16,500	13,634	466,482	0
	(11)	0	0	0	0	0	0	0
Douglas Aguiar SVP/Chief Marketing Officer	(1)	187,964	43,219	37,440	16,344	15,830	300,797	0
	(11)	0	0	0	0	0	0	0
Greg Brown SVP/Chief Lending Officer	(1)	257,048	49,635	21,467	16,500	15,730	360,380	0
	(11)	0	0	0	0	0	0	0
Chad Carrington SVP/Security, Tech, Infrastr	(1)	221,949 	31,783	24,806	16,500	7,525	302,563	0
	(11)	0	0	0	0	0	0	0
Kathy Flynn SVP/Service Operations	(1)	224,846	30,011	13,943 	16,201	8,706 	293,707	0
	(11)	0	0	0	0	0	0	0
Allyson Hill SVP/CFO	(1)	236,406	46,375 	53,325 	16,500	300	352,906	0
	(11)	0	0	0	0	0	0	0
Courtney Linn SVP/General Counsel Michael Popp SVP/Chief Retail Officer	(1)	236,144	48,258 	36,918 	16,500	8,744 	346,564	0
	(11)	0	0	0	0	0	0	0
	(1)	215,599 	34,321 	18,003	16,006	22,793 	306,722	0
Norte Bloom	(11)	120 121	0	0	0	0	0	0
Nicole Bloss User Interface Designer	(1)	126,421	2,406	552	3,849	7,914	141,142	0
	(11)	0	0	0	0	0	0	0
James Deas VP- Branch Channel Delivery	(1)	184,469 	28,688 	3,410	6,477 	3,675	226,719	0
	(11)	0	0	0	0	0	0	0
Jose Delgado SVP/Chief Retail Officer	(1)	221,299	48,576 	679 	4,978	3,373	278,905	0
	(11)	00.701	0	0	0	0	0	0
Daniel Draper Senior Manager- IT Samuel Eddings	(1)	88,781 	4,141	10,438	6,047	0	109,407	0
	(II)	122,516	0	0	0	0	0	0
Manager- IT	(1) (11)	122,316 	4,119	339	3,634	989	131,597	0
George Myers SVP/Chief HR Officer	(1)	252,090	51,902	24,611	9,104	1,646	339,353	0
	(II)	0	0	0			0.000	
Anıta Massey Senıor Manager- Branch Channel	(1)	111,486	4,225	16,164	7,351	1,919	141,145	0
	(11)	0	0	0	0	0	0	0
Mason McCartney Regional Product Manager	(1)	114,940	0	12,142	7,500	16,207	150,789	0
	(11)	0	0	0	0	0	0	0
Anthony Paro Manager- Talent Acquisition	(1)	102,464	0	7,652	5,662 	5,385 	121,163	0
	(11)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (B)(ı)-(D) (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in benefits other deferred column (B) (i) Base Compensation compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation Walter Anasovitch 160,100 29,027 20,043 12,969 22,793 244,932 VP- Member Care Diana Forti Isales 165,058 (1)28,001 12,511 13,338 228,712 9,804 VP- Cards 177,882 Marlen Foster 30,564 19,071 14,037 13,223 254,777 VP- Digital Channel Delivery Elizabeth Freeman-Rogers 154,515 (1) 52,038 27,387 14,110 26,091 274,141 VP - Investment Officer Joseph Harrison 163,374 10,762 12,011 11,637 18,589 216,373 VP - Compliance Officer 147,422 Ryan Kelly 7,711 27,129 10,081 19,999 212,342 VP- Audit Services 183,089 Ryan Little 29,883 12,281 13,679 24,354 263,286 VP- Consumer Lending 123,603 Kyle Long (i)23,875 17,452 10,438 19,864 195,232 VP-Corporate Strategy 135,056 Molly Mallinson 24,636 37,236 11,999 13,923 222,850 VP- Integrated Solutions Erica Taylor 148,416 25,316 15,497 11,368 2,150 202,747 VP- Communications & Community John Tennant (i) 135,632 19,945 9,900 15,883 181,360 VP - Contact Center Harpal Sıdhu 172,813 31,569 30,957 14,105 22,943 272,387 VP- IT Applications Denise Zboralske 147,269 9,602 18,956 10,894 23,361 210,082 VP - Finance Terri Bertrand 11,183 7,333 183,983 20,354 13,054 235,907 Home Loan External Advisor Steven Frith 14,264 171,271 14,908 12,533 15,085 228,063 Financial Consultant Lew Lemon 18,391 155,927 20,474 11,602 2,016 208,410 Financial Consultant (II)Gary Paul (i) 16,244 157,044 22,798 11,684 9,936 217,706 Financial Consultant Joshua Summerhays (ı) 23,435 171,750 7,041 12,620 26,157 241,003 Financial Consultant

efile GRAPHI	C print - DO N	OT PROCES	SS A	s Filed Data -					DL	N: 93	49330	402088												
Schedule L (Form 990 or 990)-EZ) ► Comple	te if the org	janizati , 28b, c	tions with I on answered "Ye or 28c, or Form 9	es" on Form 90-EZ, Part	990, Part IV, liı V, line 38a or 4	nes 2	5a, 2	5b, 26	i,		.545-0047 1 0												
		•	▶ 4	Attach to Form 99	90 or Form 9	90-EZ.					20	18												
Department of the Tre	I		<u></u>		<u></u>					(Public												
Internal Revenue Servi Name of the org							En	olan	er ide	ntifica	tion nu	ection Imber												
THE GOLDEN 1 CRI								-036																
Part I Exce	ss Benefit Tra	nsactions	(section	501(c)(3), section	501(c)(4), a	nd 501(c)(29) or																		
Comp	lete if the organiza	ation answer		on Form 990, Part	IV, line 25a	or 25b, or Form 9	990-E	Z, Pa	rt V, lır		1 (1)													
1 (a) Name of disqual	ified person		(b) Relationship b	etween disqu organization		ا ا		escript ansactio		(d) Ye	Corrected No												
												3 110												
	nplete if the orgar orted an amount o (b) Relationship with organization	on Form 990, (c)	Part X,		(e)Original principal amount	38a, or Form 99 (f)Balance due	(g) In (h) default? Approved		(g) In (h default? Approv		(g) In (g) default? Appro		(g) In default? Ap		(g) In		(g) In		(g) In (h				(i)Written	
'										ittee?														
(1) Donna Bland	CEO	Split Dollar Loan	То	From X	6,752,218	7,046,788	Yes	No No	Yes Yes	No	Yes Yes	No												
(2) Rıchard Muscı	EVP	Split Dollar Loan		Х	1,933,000	1,978,893		No	Yes		Yes													
(3) Tom Genessy	EVP	Split Dollar Loan		Х	3,860,500	3,952,155		No	Yes		Yes													
(4) Dustin Luton	EVP	Split Dollar Loan		Х	2,810,000	2,876,714		No	Yes		Yes													
Total					<u> </u>	15,854,550		<u> </u>																
Total Part III Gra	nto ou Assista	nco Ponefi	ting Tr	nterested Perso	Ψ	15,854,550																		
Con	nplete if the org	anızatıon a	nswered	d "Yes" on Form	990, Part I\	<u> </u>																		
(a) Name of interested person		rson (b) Relationship between interested person and the organization				e (d) Type o	ype of assistance (e			(e) Pui	e) Purpose of assistance													
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SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ.	ecific questions on I information.	OMB No 1545-0047 2018 Open to Public Inspection		
Namel Betherofg THE GOLDEN 1 CR 990 Schedul		Employer ident 94-0362025	ification number		
Return Reference	Explanation				
FORM 990, PART VI, LINE 7A	The Golden 1 Credit Union members have the right to vote for the election of Directors. The Golden 1 has one class of members that shall be restricted to the persons and organizations having specific affiliations or identifying characteristics established by the Board of Directors in our Field of Membership. The Golden 1's Field of Membership includes person simplified work in one of our regulatory-permissible community charter counties and employees and immediate family members of our regulatory-permissible organizations.				

Return Explanation

FORM 990, PART VI, LINE 7B

THE GOLDEN 1 CREDIT UNION MEMBERS, BY A TWO-THIRDS (2/3) VOTE, SHALL HAVE THE POWER TO REV DIRECTORS OF THIS CREDIT UNION

LINE 7B

Return Explanation
Reference

FORM 990,	A committee of the Golden 1 Board of Directors was designated to review the Form 990, in a		
PART VI,	dvance of the October 24, 2019 Golden 1 Board Meeting The committee of Board members appr		
LINE	oved the 2018 Form 990 on October 21, 2019 Copies of the 2018 Form 990 were provided to t		
11A/11B	he full Golden 1 Board in advance of the filing		

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	In accordance with Board Policy, The Golden 1 requires all elected officials, committee me mbers, officers, managers and other key employees designated by the Chief Executive Office to receive, complete, and sign an annual Statement of Disclosure Form. The Statement of Disclosure asks a series of questions pertaining to potential conflicts of interest. The Golden 1 Administration Department coordinates the distribution, collection and exception review of the completed statements. Golden 1's Internal Audit Department performs an annual audit of the Statement of Disclosures to ensure compliance with Board Policy, timeliness of the process and appropriate review of completed statements. On an annual basis, the Board also reviews and approves the related Board Policy and Statement of Disclosure Form

Return Reference	Explanation
FORM 990, PART VI, LINE 15A/15B	Officers of The Golden 1 Credit Union include the Chief Executive Officer (CEO), EXECUTIVE VICE PRESIDENT (EVPS), and Senior Vice Presidents (SVPs) The compensation review process for Officers is as follows: CEO COMPENSATION: A committee consisting of four members from the Board of Directors (called the CEO Compensation Committee) is formed each year to review CEO Compensation. The Chairman of this Committee directs the SVP/Chief Human Resources. Officer to provide pay trend information for review and consideration taking into conside ration asset size, business scope, and overall complexity of the operations. Similar industry and banking surveys are used for comparison purposes. The results, which are provided to the Committee, compares benchmark base pay, incentive pay, and total compensation to Golden 1's current CEO compensation package. After review and consideration, the Committee provides a recommendation to the full Board of Directors for approval. THE DECISION IS DOCU MENTED CONTEMPOARENOUSLY AND MAINTAINED IN HUMAN RESOURCES. SVP COMPENSATION. A similar an alysis is performed for the SVPs as requested by the President & CEO. Similar industry and banking surveys are used as referenced above. An overall competitive analysis is performed to the CEO.

Return Explanation

FORM 990,
PART VI,
LINE 19
The Golden 1 Credit Union's Form 990 will be available on GuideStar org for public inspect
ion The Golden 1 Credit Union's quarterly National Credit Union Administration (NCUA) Cal
I 5300 Report contains financial and statistical data. This regulatory report is available
for public inspection online at NCUA gov. Golden 1's Annual Report is publically available
e on our website at golden1 com. Golden 1 members may request copies of financial statemen
ts by calling our Member Service Contact Center

Return Explanation

FORM 990,
PART VI,
LINE 6

Return Explanation
Reference

Reference	
FORM 990,	Loans from the credit union to interested persons were made on the same terms as offered to other members of the credit union
PART IV,	
LINE 26	

990 Schedule O, Supplemental Information

Return

Reference	
	OTHER CHANGES IN NET ASSETS OR FUND BALANCE CHANGE IN OTHER COMPREHENSIVE LOSS (876,824) UNREALIZED GAINS ON INVESTMENTS 355,156
LINE 9	=====

Explanation