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# 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 for instructions and the latest information.

DLN: 93493308025050

Open to Public

OMB No. 1545-0047

Form 99(	
Department of the	l

Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization 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 8945 CAL CENTER DRIVE ☐ 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 \$ 723,476,545 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 included? 501(c)(3) ✓ 4947(a)(1) or 501(c) ( 14 ) ◀ (insert no.) If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.GOLDEN1.COM M State of legal domicile: CA L Year of formation: 1933 **K** Form of organization: lacktriangledown Corporation lacktriangledown Trust lacktriangledown Association lacktriangledown Other lacktriangledownSummary 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 10 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 2,313 **6** Total number of volunteers (estimate if necessary) . . . . 6 15 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,048,842 **b** Net unrelated business taxable income from Form 990-T, line 39 741,491 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenue 315,932,077 9 Program service revenue (Part VIII, line 2g) . 353,501,067 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66,071,258 73,504,034 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 101,452,890 105,325,102 483,456,225 532,330,203 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) 133,218,889 148,795,421 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 256,822,866 285,014,557 390,041,755 433,809,978 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 98,520,225 Revenue less expenses. Subtract line 18 from line 12 . 93,414,470 Net Assets or Fund Balances Beginning of Current Year End of Year 12,255,270,007 12,993,881,498 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 10,862,192,247 11,476,584,280 1,393,077,760 1,517,297,218 22 Net assets or fund balances. Subtract line 21 from line 20 . 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 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 2020-10-08 P00231474 Paid self-employed

Firm's EIN ▶

Phone no. (916) 448-4700

☑ Yes ☐ No

Firm's name **KPMG** LLP

Firm's address ► 500 Capitol Mall Suite 2100

Sacramento, CA 95814

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer Use Only

Form	n 990 (20	)19)				Page <b>2</b>				
Pa	art III	Statement	of Program Service Ac	complishments						
		Check if Schee	dule O contains a response o	r note to any line in this Part III		🗆				
1	Briefly		rganization's mission:	,						
PURI	POSE OF	THE CORPORA		DIT UNION BUSINESS AND ANY	IENCE, AND EXCEPTIONAL SERVIC OTHER LAWFUL ACTIVITIES WHIC					
2				gram services during the year w		□ Yes ☑ No				
						Lies Lieu				
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program									
		-		-	acts, any program	□ Yes ✓ No				
			se changes on Schedule O.							
4	Section	n 501(c)(3) an		required to report the amount of	largest program services, as meas of grants and allocations to others,					
4a	(Code:		) (Expenses \$	including grants of \$	) (Revenue \$	)				
		ditional Data	, (		, ( <del>-</del>	,				
4b	(Code:		) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Add	ditional Data								
4c	(Code:		) (Expenses \$	including grants of \$	) (Revenue \$	)				
	See Add	ditional Data								
4d	Other	program servic	ces (Describe in Schedule O.)							
	(Exper	ises \$	including	grants of \$	) (Revenue \$	)				
4e	Total	program serv	rice expenses ▶							

**Checklist of Required Schedules** 

15

16

17

18

19

20a

20b

21

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2019)

			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? <i>If "Yes," complete Schedule C, Part I</i>	3	Yes	
4	<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>	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 $\ref{20}$ .	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   2	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? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
	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	
	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
	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 2	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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
	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	,		No

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? 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 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II 2	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <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? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	<del>. ;</del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   462,051		1 65	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

01111	Ctatamenta Recording Other IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			N -
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm 9	990 (2019)			Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> 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	ines
Sec	tion 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			
	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
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	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:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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	
	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			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			_
L6a	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
	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		
Sec	tion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed			
	<u>CA</u>			
	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			
		-		0 /2010

<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.</li> <li>Isist all of the organization's current key employees, if any. See instructions for definition of "key employee."</li> <li>List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.</li> <li>List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.</li> <li>List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations.</li> <li>Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.</li> <li>(A)  Name and title          (B)  Average hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours per week (list any hours below dotted line)          (B)  Average hours per week (list any hours below dotted line)          (C)  Average hours per week (list any hours per week list any hours per week (list any hours per week list an</li></ul>	Form 990 (2019)											Pag	ge <b>7</b>
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (B)  Name and title  ■ (C)  Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear.  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  List all of the organization's furrent key employees, if no. See instructions for definition of "key employee."  List all of the organization's furrent key employees, if any. See instructions for definition of "key employee."  List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations.  List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee.  (A)  Name and title  A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee.  (B)  A Reportable compensation or trustee of the organization or trustee.  (C)  (B)  A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [	
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.  ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ (A)  Name and title  ■ (B)  Average hours per week (list any hours for related organizations below dotted line)  ■ (C)  Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee)  ■ (D)  Reportable compensation from the organization organization organization (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organizations (W-2/1099-MISC)  ■ (F)  Estimated organizations (W-2/1099-MISC)  ■ (F)  Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee."  ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations.  ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. Sie instructions for the order in which to list the persons above.  □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line)  ■ Check this box if neither the organization below dotted line)  ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line)  ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.      ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization.      ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization.      ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (	E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.  ■ List all of the organization from the organization and any related organizations.  ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.  ■ List all of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization one box, unless person is both an officer and a director/trustee)  ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any organization no													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A)  Name and title  (B)  Average hours per week (list any hours below dotted line)  (C)  (D)  (E)  Reportable compensation from the organization of													
Average hours per week (list any hours for related organizations) below dotted line)    Continue to the person of the order in which to list the persons above.    Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title  (B) Average hours per week (list any hours for related organizations below dotted line)  (B) Average hours per week (list any hours for related organizations below dotted line)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  (B) Average hours per week (list any hours for related organization (W-2/1099-MISC)  (B) Reportable compensation from the organizations (W-2/1099-MISC)  MISC)  (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title  Average hours per week (list any hours for related organizations below dotted line)  Name and title  Average hours per week (list any hours for related organizations below dotted line)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	(B) (C) (Query Company		Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the						
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII

RESCUE, CA 95672 KPMG LLP,

DEPT 0922 PO BOX 120922 DALLAS, TX 753120922

compensation from the organization  $\blacktriangleright$  5

(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	οχ, ι an of	ot che unles fficer	eck moss ss pers r and a tee)	son	(D) Reportable compensatior from the organization	rtable Reportab nsation compensa n the from relat ization organizati		able Estimate amount of cated compensations 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-2/10 MISC)		organiza rela organiz	ted
See Additional Data Table	+			$\vdash$	$\vdash$	<del>-</del>						
	+			$\vdash$	$\vdash$	$\vdash$	+					
	1											
				$oxed{\bot}$	igspace	igsqcup	<u> </u>					
			-	igspace	igspace	<del> </del>						
		<del> </del>		$\vdash$	$\vdash$		$\bigsqcup$					
		<del>                                     </del>	-	$\vdash$	$\vdash$	$\vdash$	$\sqcup$					
1b Sub-Total	•		<u>.                                    </u>	<u> </u>		<b> </b>	<u>—</u>	7,407,023		0		782,313
2 Total number of individuals (including		to thos			bov		rec <sub>f</sub>			<u> </u>		702,515
of reportable compensation from the	organization ►										Yes	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mple •	oyee, (	or hi	ghest compensal	ted employee on	3		
4 For any individual listed on line 1a, is organization and related organization individual												
5 Did any person listed on line 1a recei services rendered to the organization	ive or accrue cor	mpensal	tion fi	rom = 1 fc	any	unrela	ated	organization or i	individual for	4		
Section B. Independent Contract										5	5	No
Complete this table for your five high from the organization. Report compe	hest compensate	d indep	ender vear	nt co	ontra Jina	actors with o	that or wit	received more the received more the	han \$100,000 of	compe	nsation	
	(A) and business addre		,			*****			(B) Description of service	es		C) ensation
Sacramento Kings, 660 J Sreet SACRAMENTO, CA 95814								Advertisi		<u> </u>	_	5,503,753
DNA BRAND MECHANICS, 1301 FIFTH AVENUE SUITE 2600 SEATTLE, WA 98101		,						ADVERT	ISING		!	5,078,091
ALLIED UNIVERSAL SECURITY SERVICES, PO BOX 31001-2374 PASADENA, CA 911102374		,						SECURIT	TY SERVICES			1,041,755
Printing By Design, PO Box 103 RESCUE, CA 95672								Printing	Services			603,948

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

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

430,740

AUDIT & CONSULTING

orm 9		-								Page <b>9</b>
Part	VIII	Statement					line in Abia Dard VIII			
		Check If Sched	uie	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a	Federated campa	igns	· .	1a	L		revenue		512 - 514
nts ints	Ŀ	• Membership dues	5.	. [	1b					
3ra nou	١,	Fundraising even	ts .		1c					
ls, (		l Related organizat		Ļ	1d					
Gif ilar		Government grants		<u>_</u>	1e					
ns,	l f	· All other contributio	ns, q	ifts, grants,						
er S		and similar amounts above			1f					
뺼	ç	Noncash contributio	ns in	cluded in	_					
Contributions, Gifts, Grants and Other Similar Amounts	١.			Ĺ	1g					
ج ت	_ '	<b>h Total.</b> Add lines :	1a-1	f	• •	•	0	T		
		WITEDEST WISSING		10		Business Code	353,501,067	353,501,067		
æ	2a	INTEREST INCOME -	LOAN	15		522200	333,301,007	333,301,007		
nue	b									
Rev	D									
ЙСе	c									
Program Service Revenue	d									
an										
rogr	е									
₫.	f	All other program	serv	rice revenue.						
		Total. Add lines 2			<b>•</b>	353,501,067				
		investment income					70.044.45	70.044.455		
		imilar amounts).					70,811,452			
		income from invest		it or tax-exen		na proceeas P		)		
				(i) Real		(ii) Personal				
	6-	Gross rents	6a							
		Less: rental	Оа				_			
		expenses	6b							
		Rental income or (loss)	6c		0					
		Net rental income	or	(loss)		· · · •		D .		
	(i) Securities			ies	(ii) Other					
	7a	7a Gross amount from sales of assets other than inventory		640,447	7					
	b	Less: cost or other basis and sales expenses	7b	190,5	93,931	552,41:	1			
	c	Gain or (loss)	7c	2.6	04,546	88,036	5			
		Net gain or (loss)			-	· ·	2,692,582	2,692,582		
au	8a	Gross income from fu	ndra			·				
ň		(not including \$contributions reported								
eve		See Part IV, line 18	•		8a	0	4			
er F		Less: direct expen Net income or (los			8b	o ante	⅃			
Other Revenue	C	The meditie of (105	; II	om runuraisii	ا ا	ents <b>.</b>	1			
		Gross income from See Part IV, line 19				•				
		Less: direct expen			9a 9b	0				
		Net income or (los								
	10a	Gross sales of inve returns and allowa			10a	0				
	b	Less: cost of good	s so	ld	10b	0				
	c	Net income or (los	s) fr	om sales of i	nvent	ory <b>&gt;</b>		D		
		Miscellaneo				Business Code	24 244 522	24 244 62		
	11	aCHECKING ACCO	UNT:	S FEE INCOM	E	522100	31,344,697	7 31,344,697		
	b	STAR NETWORK F	EE I	NCOME		522100	23,390,409	23,390,409		
		J N.Z. WORK								
	c	DEBIT CARD INCO	ME		$\longrightarrow$	522100	22,550,459	22,550,459		
	d	All other revenue	•				28,039,537	7 28,039,537		
	е	Total. Add lines 1	1a-:	11d		•	105,325,102	2		
	12	Total revenue. S	ee ir _	nstructions .			532,330,203	532,330,203	7,048,842	
		<del></del>		_		<del></del>				Form <b>990</b> (2019)

Part IX Statement of Functional Expenses				Page 10
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizati	ons must complete col	lumn (A).
Check if Schedule O contains a response or note to a			<u> </u>	🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
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			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	10,292,168			
<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)	0			
<b>7</b> Other salaries and wages	102,830,095			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,552,104			
9 Other employee benefits	17,349,237			
<b>10</b> Payroll taxes	8,771,817			
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	-575,455			
c Accounting	721,434			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,688,221			
12 Advertising and promotion	18,070,610			
13 Office expenses	14,735,865			
14 Information technology	14,692,991			
<b>15</b> Royalties	0			
<b>16</b> Occupancy	17,181,131			
<b>17</b> Travel	1,072,022			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	826,793			
<b>20</b> Interest	8,221			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	16,768,467			
23 Insurance	655,590			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DISBURSEMENTS TO MEMBERS	82,356,005			
b PROVISION FOR LOAN LOSSES	47,085,368			
c PRODUCT SERVICES	28,179,773			
d ATM EXPENSES	22,546,496			
e All other expenses	16,001,025			
25 Total functional expenses. Add lines 1 through 24e	433,809,978			
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).				

Form 990 (2019)

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Liabilities 22

Fund Balances

ō 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

16,228,540

8.559.655.326

79,607,305

2,304,379,439

616,027,261

5,959,794

12,993,881,498

11,470,624,486

11.476.584.280

1,517,297,218

1,517,297,218

12,993,881,498

Form 990 (2019)

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1.393.077.760

1,393,077,760

12,255,270,007

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10,857,762,131

10.862.192.247

8.750.716.550

73,705,070

1.933.048.257

598,107,604

4,430,116

12,255,270,007

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	121,463,144	1	105,543,59
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	0	3	

Accounts receivable, net 762,374,832 4 Loans and other payables to any current or former officer, director, trustee,

1,312,440,031 key employee, creator or founder, substantial contributor, or 35% controlled 15,854,550 5 Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Inventories for sale or use .

Prepaid expenses and deferred charges . basis. Complete Part VI of Schedule D

Investments—other securities. See Part IV, line 11 .

10a 10b

190.971,219 111,363,914 Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11

Assets

Investments—program-related. See Part IV, line 11

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow FASB ASC 958, check here <a> </a> <a> and</a>

of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

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.

Nο

Form 990 (2019)

3h

### Additional Data

Software ID:

Software Version:

Name: THE GOLDEN 1 CREDIT UNION

**EIN:** 94-0362025

Form 990 (2019)

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

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

and Independent Contractors

Allyson Hill

Courtney Linn

Michael Popp

Chad Carrington

Kathy Flynn

SVP/General Counsel

SVP/Chief Retail Officer

SVP- Service Operations

SVP - Security, Tech, Infrastr

......

SVP-CFO

	411, 10415	""	u un		•	usccc,	′	(14, 2,4,000	(14/ 3/4000	erganization and	
	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	
Donna Bland Board Director and President/C	60.0			х				797,683	0	42,276	
Tommy Genessy  EVP/Service Ops, Security, Tec	60.0			х				440,342	0	43,252	
Richard Musci EVP/Products and Delivery	60.0			х				449,400	0	29,950	
Dustin Luton	60.0			Х				411,046	0	35,747	

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0

0

345,861

325,678

293,942

298,225

286,591

32,988

17,100

25,528

40,656

24,845

24,910

EVP/Products and Delivery	0.0		^		449,400	
Dustin Luton	60.0		×		411.046	
EVP/Finance Risk & Administrat	0.0		^		411,040	
Greg Brown	60.0		Х		334,285	
SVP/Chief Lending Officer	0.0		^		334,263	

60.0

0.0

0.0 60.0

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0.0

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

and Independent Contractors

Rvan Little

Terri Bertrand

Marlen Foster

Steven Frith

Financial Consultant

Walter Anasovitch

VP - Consumer Lending

Home Loan External Advisor

VP - Digital Channel Delivery

VP - Coll & Subsvcng Oversight

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 ()	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joshua Summerhays	50.0					x		269,632	0	41,502
Financial Consultant	0.0 60.0									
Heather Andrade-Neuman SVP/Chief Human Resources Offi	0.0			х				285,549	0	23,674
Douglas Aguiar	60.0			Х				271,526	0	31,010

Douglas Aguiar	60.0		v			271,526	0	3.
SVP/Chief Marketing Officer	0.0		^			2/1,520		J.
Paul Sidhu	50.0			x	·	236,899	0	38
VP - Enterprise Apps & Pymts	0.0					230,033		3.
Tracey Starback	50.0							
		1 1			Χ	240,751	0	28

SVP/Chief Marketing Officer	0.0		^			2/1,520	0	J
Paul Sidhu	50.0			x		236,899	C	3
VP - Enterprise Apps & Pymts	0.0			^		200,000	,	,
Tracey Starback	50.0				×	240,751	0	2
Home Loan External Advisor	0.0				^	240,731	ŭ	_

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	0.0						1
Paul Sidhu	50.0						
VP - Enterprise Apps & Pymts			Х		236,899	0	38,563
	0.0						
Tracey Starback	50.0						
,				Х	240,751	0	28,405
Home Loan External Advisor					· '		Í ,

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221,982

233,058

224,338

217,172

207,559

37,174

21,703

28,059

27,742

37,104

0

0

0

0

0

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

and Independent Contractors

VP - Human Resources Admin

VP - Integrated Solutions

VP - Enterprise Risk Officer

VP - Member Svc Contact Ctr

Mollvana Mallinson

Diana Forti

VP - Cards

Ryan Kelly

John Tennant

VP - Audit Services

Joleen Ayers

	any hours			ustee)		organization	organizations	from the
	for related organizations below dotted line)	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Joseph Harrison VP - Compliance Officer	50.0		x			205,610	0	31,013
Grant Shear VP - Account Servicing Ops	50.0		х			198,179	0	38,073
	50.0							

Grant Shear	50.0				100 170		
VP - Account Servicing Ops	0.0		Х		198,179	O	
Lew Lemon	50.0						
Financial Consultant	0.0			Х	219,881	0	
Carolyn Pena	50.0						
VP - Information Technology	0.0		Х		194,949	0	

0.0 50.0

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0.0

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Lew Lemon	50.0			x	219,881	n	15,129
Financial Consultant	0.0			Χ.	213,001	0	13,123
Carolyn Pena	50.0		×		194,949	0	36,527
VP - Information Technology	0.0		^		154,545	5	30,327
Todd Haines	50.0		v		196 885	0	29 383

Χ

Х

Χ

Χ

Χ

199,042

192,742

180,940

179,837

175,083

27,051

24,934

34,541

29,249

28,033

0

0

0

0

0

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

	any hours	and	a dir	recto		ustee)	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
Erica Taylor  VP - Comm and Community Rltns	50.0				х			186,506	0	13,339
Alphonso Cosby  VP - Regional Br Chan Deliv	50.0				Х			157,683	0	32,328
Kyle Long VP - Corporate Strategy	50.0				х			159,402	0	29,222
Denise Zboralske VP - Finance	50.0						х	141,461	0	28,791
Marissa O'Connor	50.0									

0.0 50.0

> 0.0 5.0

> 0.0 5.0

> 0.0 5.0

> 0.0 6.0

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148,124

119,996

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0

0

8,205

6,323

Kyle Long
VP - Corporate Strategy
Denise Zboralske
VP - Finance
Marissa O'Connor

Associate General Counsel

Mgr. Secondary Market

Duane Kirkpatrick

Paris Coleman

......

Director, Chair

James Gomez

Keri L Thomas

Keeley Bosler

Director

Director, Vice Chair

Director, Secretary/Treasurer

and Independent Contractors

and Independent Contractors (A) (C) (E) (B) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other ensation

P Craig Cornett Director  Ting Lan Sun Director  Directo		week (list any hours				office		from the organization	from related organizations	compensation from the
Content		organizations below dotted	Individual trustee or director	stitutional Truste	1 ()	nest compensate doyee	l Die			related
Director         0.0	<del>-</del>							0	0	0
Ting Lan Sun X 0 0 0		0.0							0	
Director	-							0	0	0
		0.0							9	

. craig cornect		Х			l n	n	
Director	0.0					9	
Ting Lan Sun	5.0	×			0	C	
Director	0.0					9	
Cassandra Jennings	5.0	×			0	C	
Director	0.0	^					

ring Lan Sun		×			0	n n	
Director	0.0	^			,		
Cassandra Jennings	5.0	х			0	0	
Director	0.0				,		
Samantha Lui	5.0						

Director	0.0						
Cassandra Jennings	5.0	X			0	0	
Director	0.0	^			9	0	
Samantha Lui	5.0	X			0	0	

Cassandra Jennings	5.0	Y			0	0	
Director	0.0	^			J	J	
Samantha Lui	5.0				0	0	
Director	0.0	^			0	0	0

0

	0.0		l		l		l		1
Samantha Lui	5.0						0	0	
Director	0.0	^					, and the second	,	
Aeisha Mastagni	5.0						_		
		I X	I	i l	I	1	I 0	1 0	i (

Director	0.0	^			0	0	
Aeisha Mastagni	5.0				0	0	
Director	0.0						

0.0

	0.0						
Neisha Mastagni	5.0						
		Χ			0	0	
Director	0.0						

	0.0						
Craig Brown	5.0			·			
		X			0	0	0
Director	0.0						

**SCHEDULE C** 

• 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: 93493308025050

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(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

• f th	Section 527 organizations: Complete organization answered "Yes" or	n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, lin	e 47 (Lobbying Activitie	
• f th Pro	Section 501(c)(3) organizations that		nder section 501(h)	)): Complete Part II-B. Do	not complete Part II-A.
Na	ame of the organization le GOLDEN 1 CREDIT UNION	eations. Complete Furthin.		<b>Employer ider</b> 94-0362025	ntification number
Pa	rt I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is		zation.
1	Provide a description of the orgar "political campaign activities")	nization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of
2	Political campaign activity expend	ditures (see instructions)		<b>&gt;</b>	\$9,500
3		paign activities (see instructions)			
Pa	rt I-B Complete if the orga	nization is exempt under section	n 501(c)(3).		
1	•	ax incurred by the organization under se			\$
2	•	ax incurred by organization managers u			\$
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 for t	:his year?		🗌 Yes 🔲 No
4a	Was a correction made?				☐ Yes ☐ No
b					
		nization is exempt under sectio			
1	· ·	led by the filing organization for section	·		\$
2		anization's funds contributed to other o			\$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 reach 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 funds olitical organization, such	. Also enter the amount
	(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
	CA CREDIT UNION AGUE PAC	9500 CLEVELAND AVE SUITE 200 RANCHO CUCAMONGA, CA 91730	94-2329967	9,500	
2					
3					
1					
5					
5					
or	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (	Form 990 or 990-EZ) 2019

FORM 990

Sche	dule C (Form 990 or 990-EZ) 2019				Pa	ige <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil Form 5768 (election under section 501(h)).	ed				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)		(b)	
activ	, , , , , , , , , , , , , , , , , , , ,	Yes	No	An	noun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	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?					
Pai	<b>t III-A</b> Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r secti		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1		-110
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?		$\vdash$	3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				)1(c	1(6)
1 4	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	III-A,	line 3	is, is	, ( )	,(0)
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).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	• • • • • • • • • • • • • • • • • • • •	Davit IT	م السم -	4	2 (==	
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	rart II-	A, lines	ı and	∠ (se	=
	Return Reference Explanation					

SCHEDULE C, PART 1-A, LINE 1 THE GOLDEN 1 CREDIT UNION CONTRIBUTED TO THE CALIFORNIA CREDIT UNION LEAGUE POLITICAL ACTION COMMITTEE (PAC) DURING 2019.

**SCHEDULE D** 

DLN: 93493308025050

OMB No. 1545-0047

2019

### **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.

Department of the Treasury

(Form 990)

nterr	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	<u>990</u> for instructions and the late	st information.	Inspection
	me of the organ			Employer identi	fication number
THI	E GOLDEN 1 CREDIT	UNION		94-0362025	
Pa	art I Organi	izations Maintaining Donor Advis	sed Funds or Other Similar F		
	Comple	ete if the organization answered "Ye	•		
	Takal assault assaul		(a) Donor advised funds	(b) Funds ar	nd other accounts
1		end of year			
2	22 2	e of contributions to (during year)			
3 4		e of grants from (during year)			
	33 3	<i>'</i>			
5		ation inform all donors and donor adviso property, subject to the organization's ex			☐ Yes ☐ No
6	Did the organiz	ation inform all grantees, donors, and do	nor advisors in writing that grant ful	nds can be used only for	□ res □ No
	charitable purp	oses and not for the benefit of the donor	or donor advisor, or for any other p	urpose conferring impermis	sible
	-	?			☐ Yes ☐ No
Pa		rvation Easements.	s" on Form 000 Port IV line 7		
1		ete if the organization answered "Ye onservation easements held by the organ			
•		ion of land for public use (e.g., recreation		on of an historically importa	ent land area
		, , , , , , , , , , , , , , , , , , , ,	, L		
		of natural habitat	Preservation	on of a certified historic stru	icture
		on of open space			
2		2a through 2d if the organization held a neel ast day of the tax year.	qualified conservation contribution in		ne End of the Year
а		f conservation easements		2a	ie Liiu oi tile Teal
b	Total acreage re	estricted by conservation easements			
С	Number of cons	ervation easements on a certified historic	structure included in (a)	2c	
d	Number of cons	ervation easements included in (c) acqui	red after 7/25/06, and not on a histo	oric 2d	
		in the National Register		LL	
3	Number of cons tax year ►	servation easements modified, transferre 	d, released, extinguished, or termina	ated by the organization du	ring the
4	Number of state	es where property subject to conservatio	n easement is located ►		
5		ization have a written policy regarding th nt of the conservation easements it holds			] Yes □ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enfo	orcing conservation easeme	nts during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing	j conservation easements d	uring the year
8	Does each cons	servation easement reported on line 2(d)	above satisfy the requirements of se	ection 170(h)(4)(B)(i)	
		O(h)(4)(B)(ii)?			Yes 🗌 No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organization's financ		es
Pai		izations Maintaining Collections ete if the organization answered "Ye			ts.
<b>1</b> a	art, historical tr	tion elected, as permitted under SFAS 11 reasures, or other similar assets held for : XIII, the text of the footnote to its finan	public exhibition, education, or resea	arch in furtherance of public	
b	historical treasu	ion elected, as permitted under SFAS 11 ures, or other similar assets held for publ nts relating to these items:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		▶\$	
		d in Form 990, Part X			
2	If the organizat	tion received or held works of art, historic nts required to be reported under SFAS 1	cal treasures, or other similar assets	for financial gain, provide t	he
а	•	ed on Form 990, Part VIII, line 1	, ,		
h		in Form 990 Bart V			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Part		Organizations Ma	aintaining Collection	s of Art,	Histori	cal T	reası	ires, or	Other	Similar A	ssets (ca	ontinued)
3		the organization's acq (check all that apply):	uisition, accession, and ot	her record	s, check	any of	the fo	llowing t	hat are a	significant	use of its	collection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			e		Othe	r				
c		Preservation for future	e generations									
4	Provide Part		organization's collections a	and explain	n how the	ey furtl	her the	e organiz	ation's e	xempt purpo	ose in	
5			anization solicit or receive nds rather than to be mair								☐ Yes	□ No
Par	t IV		codial Arrangements. ganization answered "Y		orm 990	, Part	: IV, li	ne 9, or	r reporte	ed an amou		
La		organization an agent	., trustee, custodian or oth X?								☐ Yes	□ No
b	If "Ye	es " evolain the arrange	ement in Part XIII and com	nlete the	following	table:		[		Δ	mount	
c		, ,		•				}	1c			
d	_	=							1d			
е			r					ı	1e			
f	Endin	g balance							1f			
2a	Did th	- ne organization include	an amount on Form 990,	Part X. lin	e 21. for	escrov	v or cu	stodial a	ccount lia	ability?	□ ves	
b		_	ement in Part XIII. Check h							•		<b>□ 110</b>
	rt V	Endowment Fund		iere ii uie	explanat	on nas	3 Deen	provided	u III Fait.	XIII		
			ganization answered "Y	es" on F	orm 990	, Part	: IV, li	ne 10.				
				rrent year	<b>(b)</b> P	rior yea	ar	<b>(c)</b> Two y	ears back	(d) Three ye	ars back (	e) Four years back
	-	ing of year balance .										
		outions										
		estment earnings, gair	ns, and losses									
		or scholarships										
	and pro	expenditures for facilitions of the second s										
		strative expenses .										
g	End of	year balance										
2		•	ntage of the current year	end baland	ce (line 1	g, colu	mn (a	)) held a	s:			
а	Board	d designated or quasi-e	ndowment >									
b	Perm	anent endowment 🟲										
c	Temp	orarily restricted endo	wment 🟲									
За	Are th	nere endowment funds	, 2b, and 2c should equal not in the possession of the		ation tha	t are h	ield an	d admini	istered fo	r the		
	_	nization by: nrelated organizations				_					3a(	Yes No
		_					• •				3a(	
b		-	lated organizations listed a								31	
1			ended uses of the organiza									
Par	t VI	Land, Buildings,										
			ganization answered "Y									
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Co	st or other	basis (	other)	(c) Acc	umulated o	depreciation	(d	) Book value
La	Land		8,062,9	132								8,062,93
b	Buildin	gs	56,356,3	93						23,050,107		33,306,286
С	Leaseh	old improvements										
d	Equipn	nent	126,551,8	193						88,313,806		38,238,087

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

79,607,305

Part VII		Forms 000 Dowt IV liv	na 111	. Coo Form 000 I	70-d- V	line 10
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	ile III	(c) Metho	d of va	luation:
(1) Financia	(including name of security)  I derivatives			Cost or end-of-	year n	narket value
(2) Closely-	held equity interests					
(3) Other _ (A) US GOV	ERNMENT AGENCY OBLAFS	2,147,745,692			F	
(B) US GOVI	ERNMENT AGENCY OBLHTM	156,633,747			С	
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	2,304,379,439				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I		no 110	See Form 990	Dart V	line 13
	(a) Description of investment	10/11/1 990, Fait IV, III	16 110	(b) Book value	(c)	Method of valuation:
					Cost	or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)					
Part IX	Other Assets.	form 000 Part IV lin	o 11d	Coo Forms 000 Don	<u>.</u> V 1:	- 15
	Complete if the organization answered 'Yes' on F  (a) Descriptio		e IIu	. See Form 990, Par	L X, IIII	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						_
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on F	Form 990. Part IV. lin	e 11e	or 11f.See Form	990. [	Part X. line 25.
1.	(a) Description of I					(b) Book value
(1) Federal (5)	income taxes				_	0
(6)						
(7)						
(8)					<u> </u>	
(9)					<u> </u>	
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text c	of the footnote to the or	ganiza	tion's financial state	ments	11,470,624,486 that reports the
	's liability for uncertain tax positions under FIN 48 (ASC					

2

4

а

b

C

Part XII

5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

Page 4

533,718,700

1,388,497

532,330,203

532,330,203

433,857,907

47,929

433,809,978

433.809.978

Schedule D (Form 990) 2019

d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1				

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

Donated services and use of facilities . .

Prior year adjustments . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Net unrealized gains (losses) on investments . . . Donated services and use of facilities . . b Recoveries of prior year grants . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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.

Total expenses and losses per audited financial statements . . . . . .

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

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

2d Amounts included on Form 990, Part VIII, line 12, but not on line 1:

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

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2b

2c

2a 2b

2c

2d

4a 4b

Explanation

4b

Reconciliation of Expenses per Audited Financial Statements With Expenses per 'n.

2e

3

1,388,497

	4c
	5
F	letur
	1

2e

3

4c

5

47,929

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### **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, 2019 and 2018 was \$ 0 and \$0 respectively, including inter est and penalties. As of December 31, 2019 and 2018, the Credit Union had accrued \$0 and \$0 respectively. For the interest and penalties related to unrecognized tax benefits.

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49330	8025	050
	nedule J	С	ompensat	ion Information	0	MB No.	1545-0	0047
•	m 990)	► Complete if the or	Compensa ganization answ ► Attach	Frustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV 1 to Form 990.	, line 23.	20		
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.g</u>	<u>ov/Form990</u> for	instructions and the latest infor	mation.	Open i Insp	to Pul ectio	
Nar	me of the organiza				Employer identifica			
THE	GOLDEN 1 CREDIT	UNION			94-0362025			
Pa	rt I Questi	ons Regarding Compens	ation		J- 0502025			
	Ç	<b>yyy</b>					Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
	_	nification and gross-up paymen	ts 📙	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all		2	Yes	
	directors, truste	ees, officers, including the CEO/	Executive Directo	r, regarding the items checked on Lii	ne la?			
3	organization's C	EO/Executive Director. Check a	all that apply. Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain				
	<b>✓</b> Compensa	ation committee		Written employment contract				
	☑ Independ	ent compensation consultant	<b>✓</b>	Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-co	ntrol payment? .			4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b	Yes	
С				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III.			
	Only E01(a)(2	), 501(c)(4), and 501(c)(29	) organizations	must complete lines E.O				
5	For persons liste		-	the organization pay or accrue any				
а	·	n?				5a		
b						5b		<b>—</b>
		5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		the organization pay or accrue any				
а	The organization	n?				6a		
b	Any related orga	anization?				6b		
	If "Yes," on line	6a or 6b, describe in Part III.						
7				the organization provide any nonfixe rt III		7		
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		
9				presumption procedure described in		9		
For E	Danerwork Pedu	iction Act Notice, see the In	structions for Fo	orm 990 Cat No. 1	50053T Schedule	1 (Form	1 990)	2019

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

For each individual whose compensation must be reported on Schedule J, report instructions, on row (ii). Do not list any individuals that are not listed on Form 99	compeni 30. Part	sation fro VII.	om the organization	on row (i) and fro	m related organiza	tions, described i	n the		
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the to	tal amou	ınt of Fo	rm 990, Part VII, Se	ection A, line 1a, ap					
(A) Name and Title	(	( <b>B)</b> Breal	kdown of W-2 and/o compensation	or 1099-MISC	(C) Retirement and other	( <b>D)</b> Nontaxable benefits	columns	(F) Compensation in	
	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
See Additional Data Table									
	_								
	+-								

Schedule J (Form 990) 2019 Page 3 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 FORM 990, SCHEDULE J. PART I, LINE THE CREDIT UNION WILL REIMBURSE A DIRECTOR FOR REASONABLE ACTUAL EXPENSES INCURRED IN CONNECTION WITH ATTENDING APPROVED CONFERENCES, SEMINARS, AND OTHER BUSINESS FUNCTIONS. REIMBURSEMENT MAY INCLUDE EXPENSES FOR ONE IMMEDIATE FAMILY MEMBER TO FACILITATE ITRAVEL TO AND FROM SUCH EVENT PER GOLDEN 1'S BOARD TRAVEL POLICY. FORM 990, SCHEDULE J, PART I, LINE DONNA BLAND, PRESIDENT AND CEO, AND THE THREE EXECUTIVE VICE PRESIDENTS PARTICIPATE IN A SPLIT DOLLAR LIFE INSURANCE PLAN AS APPROVED BY

Schedule 1 (Form 990) 2019

ITHE BOARD OF DIRECTORS.

4B

**Software ID: Software Version:** 

**EIN:** 94-0362025

Name: THE GOLDEN 1 CREDIT UNION

(i) Base Compensation (ii) (iii) other deferred benefits (B)(i)-(D) column (B)	Form 990, Schedule	J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees		
Bolius A   Section   Bolius A   Section   Compensation   Compens	(A) Name and Title			of W-2 and/or 1099-MIS	C compensation			(E) Total of columns	(F) Compensation in
Sand Control of Sand Control			(i) Base Compensation	Bonus & incentive	Other reportable		benefits	(B)(i)-(D)	reported as deferred on
Production   Color		(i)	580,078	126,834	90,771	16,800	25,476	839,959	0
Solyment of the service of the ser	President/C		0	0	0	0	0	0	0
Same Services   Company   Company	EVP/Products and Delivery		319,352  0	58,762	71,286 	16,800 	13,150	479,350	0
Name	2Tommy Genessy EVP/Service Ops, Security,	(i)	317,805	62,251	60,286	16,800	26,452	483,594	0
DAYPERDER BLAKE BEATH STATES   COLUMN   COLUMN			0	0	0	0	0	0	0
All-poor   III   Support   I	EVP/Finance Risk &		308,083  0	56,985 	45,978 	16,800	18,947	446,793	0
Store   Company   Compan	<b>4</b> Allyson Hill	` '	251,866	42 367	51 628	16 800	300	362 961	0
Self-Herding Officer (1)	SVP-CFO		0	0	0		0	0	0
Counting UTI   Coun	5Greg Brown SVP/Chief Lending Officer	(i)	266,940	32,694	34,651	16,800	16,188	367,273	0
Syr/General Curured   (1)		_	0	0	0	0	0	0	0
Michael Pope   10   0   0   0   0   0   0   0   0		(i)	245,473	39,530	40,675	16,800	8,728	351,206	0
SVP/Chef Retail Officer	(	(ii)	0	0	0	0	0	0	0
Sched Carrington   Company   Compa	<b>7</b> Michael Popp SVP/Chief Retail Officer	(i)	248,314	30,381	15,247	16,500	24,156	334,598	0
Sup- Security, Tech, Intrinator   (i)		_	0	0	0	0	0	0	0
Next   Syr   Syr	SVP - Security, Tech,	(i)	226,036	36,252	35,937	16,800	8,045	323,070	0
SUP- Service Operations		$\rightarrow$	0	0	0	0	0	0	0
Name	SVP- Service Operations		234,474	37,202 	14,915	16,500 	8,410	311,501	0
Heather Andrade-Neuman   New York   New Yo			229 311	11.631	0	16.000	0	200 222	0
Table   Tabl	Heather Andrade-Neumann SVP/Chief Human			11,631	44,607	16,800	6,874	309,223	
SVP/Chief Marketing Officer   (ii)	Resources Offi		211 162	0	0	U	U	0	0
12Denise Zboralske   (1)   122,437   18,055   969   8,239   20,552   170,2	SVP/Chief Marketing Officer		211,162	32,086	28,278	16,216	14,794	302,536	
VP - Finance   (ii)			122 437	10.055	0	0 220	20.552	170.252	0
13Marissa O Connor   Associate General Counse   (i)	VP - Finance				909	0,239	20,552	170,252	
Associate General Counsel (ii) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			118.926	10.004	19 194	9 205	0	156 320	0
14Duane Kirkpatrick Mgr. Secondary Market Mgr. Secondary Mgr.	Associate General Counsel	Ì	0		19,194	0,203		130,329	
Secondary Market   (ii)	14Duane Kirkpatrick		111,635	5,022	3,339	6,323	0	126,319	0
Py- Enterprise Apps & Pymts   Pymts	· ·	(ii)	0	0	0	0	0	0	0
Pymts   (ii)		(i)	180,473	24,421	32,005	14,256	24,307	275,462	0
VP - Digital Channel Delivery         (ii)         0         <	Dymte	(ii)	0	0	0	0	0	0	0
17Ryan Little   VP - Consumer Lending   VP - Consume	VP - Digital Channel	(i)	182,310	22,372	19,656	14,025	14,034	252,397	0
VP - Consumer Lending         (ii)         0         0         0         0         0         0         0           18Walter Anasovitch VP - Coll & Subsvorg Oversight         (i)         164,718 / Oversight         20,584 / Oversight         22,257 / Oversight         12,948 / Oversight         24,156 / Oversight         244,663 / Oversight           19Joseph Harrison VP - Compliance Officer         (i)         171,457 / Oversight         21,066 / Oversight         13,087 / Oversight         12,726 / Oversight         18,287 / Oversight         236,623 / Oversight		(ii)	0	0	0	0	0	0	0
18Walter Anasovitch VP - Coll & Subsveng Oversight     (i)     164,718     20,584     22,257     12,948     24,156     244,663       19Joseph Harrison VP - Compliance Officer     (ii)     0     0     0     0     0     0	VP - Consumer Lending		189,695	21,791	10,496	13,659	23,515	259,156	0
VP - Coll & Subsveng Oversight         (ii)         0         0         0         0         0         0         0           19Joseph Harrison VP - Compliance Officer         (i)         171,457         21,066         13,087         12,726         18,287         236,623		_	0	0	0	0	0	0	0
19 (i) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VP - Coll & Subsveng		164,718	20,584 	22,257	12,948 	24,156	244,663	0
VP - Compliance Officer 22,000 15,007 12,720 10,207 250,025		$\overline{}$	171 <u>457</u>	0	0	0	0	0	0
	VP - Compliance Officer		1/1, <del>1</del> 3/		13,087	12,/26	18,287	236,623	
	<u></u>	\"/	0	<u> </u>	0	0	0	<u> </u>	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (iii) (ii) compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation 21 Mollyana Mallinson (i) 141,435 19,288 38,319 12,178 14,873 226,093 VP - Integrated Solutions 1Grant Shear 164,701 13,663 19,815 12,194 25,879 236,252 VP - Account Servicing Ops 2Todd Haines 172,878 12,960 11,047 12,143 17,240 226,268 VP - Human Resources Admin **3**Carolyn Pena VP - Information (i) 161,322 14,031 19,596 12,478 24,049 231,476 Technology **4**Diana Forti 166,212 11,816 18,052 8,478 13,118 217,676 VP - Cards 5Erica Taylor 156,435 14,773 11,205 15,298 2,134 199,845 VP - Comm and Community Rltns 6Joleen Ayers 157,454 23,486 10,385 24,156 215,481 VP - Enterprise Risk Officer 7Ryan Kelly (i) 155,191 10,002 16,886 7,760 19,247 209,086 VP - Audit Services 8John Tennant 135,121 11,159 14,851 25,111 16,874 203,116 VP - Member Svc Contact 9Kyle Long 136,580 16,510 10,071 6,312 19,151 188,624 VP - Corporate Strategy 10Alphonso Cosby 138,486 9,784 5,990 13,207 22,544 190,011 VP - Regional Br Chan Deliv 11Joshua Summerhays 32,570 226,293 10,769 16,500 25,002 311,134 Financial Consultant 12Tracey Starback 14,294 219,149 7,308 14,589 13,816 269,156 Home Loan External Advisor 13Terri Bertrand 6,356 203,602 23,100 13,850 7,853 254,761 Home Loan External Advisor

27,284

10,390

13,091

13,106

2,038

14,636

235,010

244,914

14Lew Lemon

15Steven Frith

Financial Consultant

Financial Consultant

(i)

23,860

37,788

168,737

168,994

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Schedule L		Trai	ารลด	tions with	Interest	ed Person	S			10	4B No. 15	545-0047
(Form 990 or 990	··			ion answered "Y			_	5a, 2	25b, 26	j,	20	1 ()
	,		, 28b, d	or 28c, or Form 9	90-EZ, Part	V, line 38a or 4		•	,	´	<b>20</b> 1	19
Department of the Tre		Go to www		Attach to Form 9 /Form990 for ins			orma	tion			nen to	Public
Internal Revenue Serv	,	<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	er decions di	ia tiro ratest iiii	J				Inspe	
Name of the org							En	nploy	er ide	ntifica	tion nu	nber
THE GOLDEN 1 CR	EDIT UNION						۵۵	-036	2025			
Part I Exce	ss Benefit Tra	nsactions	(section	501(c)(3), section	501(c)(4), a	nd section 501(c)				s only)	1_	
				on Form 990, Par								
	) Name of disqua			(b) Relationship	oetween disqu	ualified person an		<b>(c)</b> D	escript	ion of		Corrected?
					organization			tra	ansacti	on	Yes	No
							-					
							-					
							+					
-							+					
2 Enter the a	mount of tax incu	rred by the o	rganizat	ion managers or d	isqualified per	rsons during the y	/ear u	nder	section	1		
4958. <b></b>									<b>•</b> •	\$		
<b>3</b> Enter the a	mount of tax, if a	ny, on line 2,	above,	reimbursed by the	organization		•		•	\$		
Part II Lo	ans to and/or	From Inte	rested	Persons.								
				es" on Form 990-E	Z, Part V, line	38a, or Form 99	0, Par	t IV,	line 26	; or if	the organ	ization
	orted an amount				T	Tarana a sama						
(a) Name of interested	(b) Relationship with organization			oan to or from the organization?	(e) Original principal	(f) Balance due				1) vod by		Written
person	with organization	loan	٥	nganization:	amount		default? Approved I board or					
									comm	ittee?		
			То				Yes	_	Yes	No	Yes	No
(1) Donna Bland	CEO	Split Dollar Loan		X	6,752,218	7,192,657		No	Yes		Yes	
(2)	EVP	Split Dollar		X	1,933,000	2,030,146		No	Yes		Yes	
Richard Musci		Loan		,	, ,	, ,						
(3)	EVP	Split Dollar		X	3,860,500	4,054,516		No	Yes		Yes	
Tom Genessy	E. (D	Loan		V	2 910 000	2.051.221		NI-	V		V	
(4) Dustin Luton	EVP	Split Dollar Loan		X	2,810,000	2,951,221		No	Yes		Yes	
Total .					<b>▶</b> \$	16,228,540						
Part IIII Gra	nts or Assista	nce Benefi	ting I	nterested Pers	ons.		•					
				d "Yes" on Form		V, line 27.						
(a) Name of inte		<b>)</b> Relationsh			t of assistance	e (d) Type o	f assis	stanc	e	(e) Pui	rpose of a	assistance
	in	terested pers		the								
		organiza	ILIOII									
									-+			
									-			
For Paperwork Red	duction Act Notice,	see the Instri	uctions f	or Form 990 or 990	-EZ.	Cat. No. 50056A		Sch	nedule I	. (Form	990 or 9	90-EZ) 2019

Explanation

Schedule I. (Form 990 or 990-F7) 2019

**Return Reference** 

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SCHEDUL (Form 990 or EZ) Department of the T	990- Complete to pi Form 990	ovide information for or 990-EZ or to prov Attach to Forn	on to Form 990 or 99 rresponses to specific question ide any additional information. n 990 or 990-EZ. 90 for the latest information.	ns on	OMB No. 1545-0047  2019 Open to Public Inspection
<del>ଏଶ୩୫ ଅଟେ ମଧ୍ୟ ୦ ହିଣ୍ଡ</del> THE GOLDEN 1 CRI	EDIT UNION			mployer identi 4-0362025	fication number
990 Schedule	e O, Supplemental Informati	on			
Return Reference			Explanation		
FORM 990, PART VI, LINE 7A	The Golden 1 Credit Union membe e Golden 1 has one class of members on having specific affiliations or ic f Directors in our Field of Members s who live and/or regularly work in unties and employees and immedions.	pers that shall be restric lentifying characteristics hip. The Golden 1's Fie one of our regulatory-p	ted to the persons and organizati s established by the Board o eld of Membership includes person ermissible community charter co		

Return Explanation Reference

FORM 990. THE GOLDEN 1 CREDIT UNION MEMBERS, BY A TWO-THIRDS (2/3) VOTE, SHALL HAVE THE POWER TO REV IEW THE ACTS AND REVERSE THE DECISIONS OF THE BOARD OF DIRECTORS OF THIS CREDIT UNION. PART VI.

LINE 7B

Return Explanation
Reference

FORM 990,
PART VI,
LINE
LINE
A committee of the Golden 1 Board of Directors was designated to review the Form 990, in a
dvance of the October 29, 2020 Golden 1 Board Meeting. The committee of Board members appr
oved the 2019 Form 990 on October 21, 2020. Copies of the 2019 Form 990 were provided to t
the full Golden 1 Board in advance of the filing.

Return

Reference	
PART VI,	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 D isclosure asks a series of questions pertaining to potential conflicts of interest. The Go Iden 1 Administration Department coordinates the distribution, collection and exception re view 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.

Explanation

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 rev iew 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 indus try 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 Go Iden 1's current CEO compensation package. After review and consideration, the Committee p rovides 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 performe d by the SVP/Chief Human Resources Officer and the results and supporting documentation ar e presented to the CEO.

Return Explanation
Reference

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 availabl
e on our website at golden1.com. Golden 1 members may request copies of financial statemen
ts by calling our Member Service Contact Center.

990 Schedule O, Supplemental Information

Return Explanation
Reference

LINE 6

Reference	
FORM 990,	The Golden 1 Credit Union provides financial services for its regulatory-permissible field of membership.
PART VI	

Return Explanation

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

LINE 26

990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information

Return Explanation

Reference	
FORM 990, PART XI,	OTHER CHANGES IN NET ASSETS OR FUND BALANCE: CHANGE IN OTHER COMPREHENSIVE LOSS 24,310,736 UNREALIZED GAINS ON INVESTMENTS 1,388,497
LINE 9	