

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
EDUCATIONAL EMPLOYEES CREDIT UNION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2222 WEST SHAW AVENUE

City or town, state or province, country, and ZIP or foreign postal code
FRESNO, CA 93711

D Employer identification number
94-1031345

E Telephone number
(559) 437-7731

G Gross receipts \$ 106,395,819

F Name and address of principal officer
ELIZABETH DOOLEY
2222 WEST SHAW AVENUE
FRESNO, CA 93711

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.MYEECU.ORG

K Form of organization Corporation Trust Association Other ▶ CREDIT UNION

L Year of formation 1934 **M** State of legal domicile CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	552
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,192,595
7b Net unrelated business taxable income from Form 990-T, line 34	40,624

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	0
9 Program service revenue (Part VIII, line 2g)	75,672,608	82,077,830
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,798,281	23,552,751
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,470,889	105,630,581
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	741,087	844,678
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	29,606,823	31,444,560
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,520,148	51,393,756
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	71,868,058	83,682,994
19 Revenue less expenses Subtract line 18 from line 12	26,602,831	21,947,587

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,500,850,924	2,748,522,101
21 Total liabilities (Part X, line 26)	2,194,815,754	2,423,556,670
22 Net assets or fund balances Subtract line 21 from line 20	306,035,170	324,965,431

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2017-11-07
ELIZABETH DOOLEY PRESIDENT/CEO
Type or print name and title _____

Paid Preparer Use Only

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

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

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	Yes	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (governing body members), 1b (independent members), 2 (family/business relationships), 3 (delegated control), 4 (governing documents), 5 (asset diversion), 6 (members/stockholders), 7a (governing body power), 7b (governance decisions), 8 (meeting documentation), 8a (governing body), 8b (committees), 9 (unreachable officers).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (local chapters), 10b (policies/procedures), 11a (copy of Form 990), 11b (review process), 12a (conflict of interest policy), 12b (disclosure of interests), 12c (monitoring compliance), 13 (whistleblower policy), 14 (document retention), 15a/b (compensation review), 16a (joint ventures), 16b (joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States with copy of Form 990), 18 (public inspection methods), 19 (governing documents availability), 20 (person with books and records).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEREK SCHARTON CHAIRPERSON	4 00	X					2,506	0	0	
(2) MIKE SNELL VICE-CHAIRPERSON	2 00	X					2,038	0	0	
(3) DAVID A ROBERTS TREASURER	2 00	X					760	0	0	
(4) PAUL HOKOKIAN SECRETARY	2 00	X					2,751	0	0	
(5) CLEO BAUER BOARD MEMBER	2 00	X					1,521	0	0	
(6) RICK BROWNING BOARD MEMBER	2 00	X					2,998	0	0	
(7) BARBARA THOMAS BOARD MEMBER	2 00	X					159	0	0	
(8) JOHN TINKER BOARD MEMBER	2 00	X					2,445	0	0	
(9) WALTER A FRANZELL BOARD MEMBER	2 00	X					2,958	0	0	
(10) CAROL MUNSHOWER BOARD MEMBER (EMERITUS)	2 00	X					870	0	0	
(11) THOMAS BORCHARDT SUPV CMTE CHAIR	2 00	X					262	0	0	
(12) LISA CUTTS SUPV CMTE SECRETARY	2 00	X					1,386	0	0	
(13) WILLIAM CLARK SUPV CMTE MEMBER	2 00	X					2,682	0	0	
(14) PHILIP NEUFELD SUPV CMTE MEMBER	2 00	X					169	0	0	
(15) ALI NEKUMANESH SUPV CMTE MEMBER	2 00	X					228	0	0	
(16) ELIZABETH DOOLEY PRESIDENT/CEO	60 00			X			709,677	0	553,385	
(17) BEVERLY RYAN CFO	50 00			X			286,828	0	34,647	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK PEREZ	50 00			X				295,355	0	55,639
(19) DENDA MATTHEWS COO	50 00			X				283,620	0	45,130
(20) THOMAS GRAY SVP HR & FACILITIES	50 00					X		244,157	0	56,858
(21) DICK ASHJIAN SVP RISK MGMT	50 00					X		241,114	0	42,924
(22) ELENA MARTIN CONTROLLER	50 00					X		203,882	0	23,859
(23) JULIE MATTERN SVP BRANCHES	50 00					X		200,986	0	40,742
(24) BRADLEY TOWERS FINANCIAL REP	40 00					X		160,070	0	19,577
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								2,649,422	0	872,761

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 28

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
DIGITAL INSIGHTINTUIT PO BOX 515306 LOS ANGELES, CA 900516606	ONLINE BANKING SERVICES	3,469,291
JEFFREY SCOTT AGENCY 670 P STREET FRESNO, CA 93721	ADVERTISING	1,749,368
DATA STATEMENT 23120 ALICIA PKWY STE 200 MISSION VIEJO, CA 92692	MEMBER STATEMENTS	1,349,725
VISA USA PO BOX 60000-FILE 2953 SAN FRANCISCO, CA 94160	VISA/DEBIT CARD	1,127,268
DIEBOLD PO BOX 643543 PITTSBURGH, PA 15264	ATM MAINTENANCE	1,100,208

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 25

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f					
Program Service Revenue		Business Code				
	2a INTEREST ON LOANS	522100	50,729,698	50,729,698		
	b OTHER OPERATING INCOME	522100	20,810,899	20,003,771	807,128	
	c FEE INCOME	522100	10,537,233	10,151,766	385,467	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		82,077,830				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		23,524,218	23,524,218		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		793,771		
		b Less cost or other basis and sales expenses		765,238		
		c Gain or (loss)		28,533		
	d Net gain or (loss)		28,533	28,533		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		105,630,581	104,437,986	1,192,595	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	724,678			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	120,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,649,422			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	19,472,797			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,680,750			
9 Other employee benefits.	4,790,347			
10 Payroll taxes.	1,851,244			
11 Fees for services (non-employees)				
a Management.				
b Legal.	122,245			
c Accounting.	353,650			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,298,552			
12 Advertising and promotion.	2,982,904			
13 Office expenses.	10,741,130			
14 Information technology.	1,053,992			
15 Royalties.				
16 Occupancy.	2,587,278			
17 Travel.	563,291			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	9,365,365			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,746,366			
23 Insurance.	518,991			
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 LOAN SERVICING EXPENSE	12,519,943			
b PROV FOR LOAN LOSSES	3,887,982			
c MISC OPERATING EXPENSE	1,652,067			
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	83,682,994			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	33,073,110	1	34,854,084
	2 Savings and temporary cash investments	146,281,299	2	326,108,674
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	1,266,936	5	1,115,060
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,182,677	9	6,465,832
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 53,355,136		
	b Less accumulated depreciation	10b 35,358,756	15,918,733	10c 17,996,380
	11 Investments—publicly traded securities	1,207,204,001	11	1,154,535,571
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	1,042,902,561	13	1,151,114,555
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	48,021,607	15	56,331,945
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,500,850,924	16	2,748,522,101	
Liabilities	17 Accounts payable and accrued expenses	27,588,151	17	26,869,377
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,167,227,603	25	2,396,687,293
	26 Total liabilities. Add lines 17 through 25	2,194,815,754	26	2,423,556,670
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	306,035,170	32	324,965,431
	33 Total net assets or fund balances	306,035,170	33	324,965,431
	34 Total liabilities and net assets/fund balances	2,500,850,924	34	2,748,522,101

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	105,630,581
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,682,994
3	Revenue less expenses Subtract line 2 from line 1	3	21,947,587
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	306,035,170
5	Net unrealized gains (losses) on investments	5	-3,506,487
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	489,161
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	324,965,431

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 94-1031345

Name: EDUCATIONAL EMPLOYEES CREDIT UNION

Form 990 (2016)

Form 990, Part III, Line 4a:

ACHIEVED SATISFACTORY RESULTS IN PROVIDING MEMBERS WITH CONSUMER LOANS FROM A BROAD ARRAY OF PRODUCT OFFERINGS, INCLUDING VEHICLE LOANS, CREDIT CARDS AND PERSONAL LINES OF CREDIT

Form 990, Part III, Line 4b:

ACHIEVED SATISFACTORY RESULTS IN PROVIDING MEMBERS WITH MORTGAGE LOANS, INCLUDING FIRST TRUST DEEDS, SECOND TRUST DEEDS AND HOME EQUITY
LINES OF CREDIT

Form 990, Part III, Line 4c:

ACHIEVED SATISFACTORY RESULTS IN PROVIDING MEMBERS WITH A BROAD ARRAY OF DEPOSIT PRODUCT OFFERINGS, INCLUDING A HIGH-YIELD CHECKING ACCOUNT PRODUCT AND A PREMIUM-RATE TIERED SAVINGS PRODUCT

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization EDUCATIONAL EMPLOYEES CREDIT UNION	Employer identification number 94-1031345
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ 3,500
- 3** Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a** Was a correction made? Yes No
- b** If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 3,500
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 3,500
- 4** Did the filing organization file Form 1120-POL for this year? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1) CCUL PAC	1201 K STREET 1050 SACRAMENTO, CA 95814	94-0357265	2,500	
(2) ANTHONY RENDON FOR STATE ASSEMBLY	1020 12TH STREET 406 SACRAMENTO, CA 95814		1,000	
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART I-A, LINE 1	CONTRIBUTION TO CCUL - PAC THE CREDIT UNION WAS UNABLE TO OBTAIN AN EIN FOR ANTHONY RENDON RUNNING FOR STATE ASSEMBLY FOLLOWING IS THE NAME AND ADDRESS OF THE CAMPAIGN ANTHONY RENDON 1020 12TH ST , #406 SACRAMENTO, CA 95814 ID# 1373599

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EDUCATIONAL EMPLOYEES CREDIT UNION

Employer identification number
94-1031345

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,602,451		5,602,451
b Buildings		10,402,933	4,840,928	5,562,005
c Leasehold improvements		13,253,675	10,304,729	2,948,946
d Equipment		24,096,077	20,213,099	3,882,978
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				17,996,380

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LOANS AND LEASES	1,117,047,499	F
(2) NCUA SHARE INSURANCE CAPITALIZATION DEPOSIT	22,659,556	C
(3) DEPOSITS IN COMMERCIAL BANKS	11,407,500	C
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	1,151,114,555	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
TOTAL SHARES AND DEPOSITS	2,396,687,293
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,396,687,293

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-1031345

Name: EDUCATIONAL EMPLOYEES CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	FASB ASC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED, AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED WHEN CHALLENGED OR WHEN EXAMINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR FOR THE YEARS ENDED DECEMBER 31, 2016 AND 2015, MANAGEMENT HAS DETERMINED THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
EDUCATIONAL EMPLOYEES CREDIT UNION

Employer identification number
94-1031345

Part I

General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	34
3	Enter total number of other organizations listed in the line 1 table	13

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) EDUCATIONAL GRANTS	60	120,000		FMV	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART 1, LINE 2	ALL RECIPIENTS MUST APPLY FOR THE SCHOLARSHIPS ONCE AWARDED, STUDENTS MUST PROVIDE PROOF OF ENROLLMENT BEFORE GRANT FUNDS ARE PAID

Additional Data

Software ID:
Software Version:
EIN: 94-1031345
Name: EDUCATIONAL EMPLOYEES CREDIT UNION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTIVE 20-30 CLUB OF MERCED #53 3144 NORTH G ST STE 125-327 MERCED, CA 95340	32-0148898	501(C)(4)	5,500		FMV		SUPPORT ACTIVITIES FOR LOCAL YOUTH
AMERICAN RED CROSS 2002 N FINE AVENUE FRESNO, CA 93727	94-2240541	501(C)(3)	5,321		FMV		PROVIDE LOCAL ASSISTANCE WITH DISASTERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA OF FRESNO AND MADERA COUNTIES 1252 FULTON MALL FRESNO, CA 93721	77-0401361	501(C)(3)	10,000		FMV		SUPPORT VOLUNTEERS TO ADVOCATE FOR ABUSED AND NEGLECTED CHILDREN
CHILDREN'S MUSICAL THEATER 2425 FRESNO ST 101 FRESNO, CA 93721	77-0289924	501(C)(3)	5,000		FMV		SUPPORT MUSICAL THEATER AND THE ARTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVIS COMMUNITY FOUNDATION PO BOX 1531 CLOVIS, CA 93613	42-1548926	501(C)(3)	13,000		FMV		PROMOTING EFFECTIVE PHILANTHROPY IN THE AREAS OF CULTURE, ARTS, AND RECREATION
COS THEATER DEPARTMENT 915 S MOONEY BLVD VISALIA, CA 93277	94-6003004	501(C)(5)	11,500		FMV		SUPPORT FOR THE ARTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FCOE 1111 VAN NESS AVE FRESNO, CA 93721	94-6002210	FRESNO OFF EDUC	113,000		FMV		SUPPORT EDUCATION
FDSA GOLF TOURNAMENT 1360 VAN NESS AVE FRESNO, CA 93721	23-7377560	501(C)(6)	7,500		FMV		SUPPORT FOR GOLF TOURNAMENTS AND PROVIDE ASSISTANCE TO COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR CENTRAL SCHOOLS 4605 N POLK FRESNO, CA 93722	56-2316616	501(C)(3)	5,000		FMV		SUPPORT CENTRAL UNIFIED SCHOOL PROGRAMS
FOUNDATION FOR CLOVIS SCHOOLS 1450 HERNDON AVENUE CLOVIS, CA 93611	77-0140576	501(C)(3)	10,000		FMV		SUPPORT PROGRAMS OF CLOVIS SCHOOLS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO FAIR 1121 S CHANCE AVENUE FRESNO, CA 93702	94-6001554		24,000		FMV		SUPPORT COMMUNITY ACITIVITIES
FRESNO GRIZZLIES 1800 TULARE STREET FRESNO, CA 93721	36-4577270		30,000		FMV		SUPPORT COMMUNITY ACITIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO HISTORICAL SOCIETY 7160 W KEARNEY AVE FRESNO, CA 93706	94-1531568	501(C)(3)	16,000		FMV		PROMOTION OF HISTORY
FRESNO PHILHARMONIC 2377 W SHAW AVE FRESNO, CA 93711	94-1309738	501(C)(3)	6,500		FMV		SUPPORT COMMUNITY ACITIVITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL VALLEY COMM FOUNDATION 5250 N PALM AVE 424 FRESNO, CA 93704	77-0478025	501(C)(3)	51,000		FMV		SUPPORT FOR INVESTMENT AND LOCAL CONTROL OF PHILANTHROPIC RESOURCES
FRESNO UNIFIED SCHOOL DISTRICT 2309 TULARE STREET FRESNO, CA 93721	94-6002206	FRESNO USD	15,000		FMV		SUPPORT THE IMPROVEMENT OF STUDENT ACHIEVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO ATHLETIC HALL OF FAME PO BOX 14088 FRESNO, CA 93650	77-0111207	501(C)(3)	6,000		FMV		SUPPORT WORTHY ATHLETES AND ENCOURAGEMENT OF ATHLETIC ENDEAVORS IN FRESNO COUNTY
PAIN PRESCRIPTION ABUSERS IN NEED 83 E SHAW SUITE 202 FRESNO, CA 93710	90-0606073	501(C)(3)	5,000		FMV		PREVENT ABUSE OF NARCOTIC PRESCRIPTION DRUGS WHILE GIVING SUPPORT AND HOPE TO INDIVIDUALS AND FAMILIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLOVIS UNIFIED SCHOOL DISTRICT 1450 HERNDON AVENUE CLOVIS, CA 93611	94-2840774	CLOVIS USD	15,000		FMV		SUPPORT THE IMPROVEMENT OF STUDENT ACHIEVEMENT
MARJAREE MASON CENTER 1600 M ST FRESNO, CA 93721	94-1156639	501(C)(3)	10,014		FMV		SUPPORT STUDENT DEVELOPMENT BY ENCOURAGING COMMUNITY INVESTMENT AND INVOLVEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCED COUNTY OFFICE OF EDUCATION 632 W 13TH STREET MERCED, CA 95341	94-6002379	MERCED OFF EDUC	12,479		FMV		SUPPORT MERCED COUNTY EDUCATION PROGRAMS
SAINT AGNES FOUNDATION 1111 E SPRUCE AVE FRESNO, CA 93720	94-1437713	501(C)(3)	10,000		FMV		SUPPORT FOR CHILDCARE AND WELLNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOAQUIN VALLEY TOWN HALL PO BOX 5149 FRESNO, CA 93755	94-1210921	501(C)(3)	20,000		FMV		SUPPORT SAN JOAQUIN VALLEY EDUCATION PROGRAMS
CALIFORNIA OPERA GUILD 41885 YOSEMITE PINES DR OAKHURST, CA 93644	26-3671215	501(C)(3)	5,000		FMV		ASSIST INTERNATIONAL YOUNG ARTISTS TO BECOME SELF-SUFFICIENT MUSICALLY AND DRAMATICALLY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF MEXICAN AMERICAN EDUCATORS PO BOX 86054 LOS ANGELES, CA 900860054	95-2939170	501(C)(3)	5,750		FMV		SUPPORT ACCESS TO FINANCIAL RESOURCES FOR A QUALITY EDUCATION FOR MEXICAN AMERICAN/LATINO STUDENTS
UC REGENTS 5200 LAKE ST MERCED, CA 95343	27-0093858	CA STATE UNIV SYS	32,300		FMV		PROMOTION OF UC MERCED CAMPUS PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY FRESNO COUNTY 4949 KINGS CANYON RD FRESNO, CA 93727	94-1156514	501(C)(3)	14,246		FMV		SUPPORT THE IMPROVEMENT OF LIFE QUALITY IN THE COMMUNITY
VALLEY CAREGIVER RESOURCE CENTER 3845 N CLARK ST 201 FRESNO, CA 93726	77-0370104	501(C)(3)	5,000		FMV		SUPPORT FOR COMMUNITY ACTIVITIES AND CAREGIVERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CRIME STOPPERS 7576 N INGRAM FRESNO, CA 93711	77-0329094	501(C)(3)	12,000		FMV		SUPPORT CRIME PREVENTION
VALLEY PUBLIC TELEVISION 1544 VAN NESS AVE FRESNO, CA 93721	77-0162617	501(C)(3)	5,000		FMV		SUPPORT PUBLIC TELEVISION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHCC FOUNDATION 9900 CODY AVENUE COALINGA, CA 93210	77-0186793	501(C)(3)	20,000		FMV		SUPPORT FOR EDUCATION
MARCH OF DIMES 1530 E SHAW SUITE 102 FRESNO, CA 93710	13-1846366	501(C)(3)	10,231		FMV		SUPPORT FOR HEALTH AND WELLNESS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY WORLD SERVICE OFFICE 615 SLATERS LAND ALEXANDREA, VA 22314	13-2923701	501(C)(3)	12,500		FMV		PROMOTES COMMUNITY-BASED INITIATIVES THAT PROVIDE DISASTER RELIEF, EDUCATION, EMPOWERMENT, AND PUBLIC HEATH
SAN JOAQUIN RIVER PARKWAY 11605 OLD FRIANT ROAD FRESNO, CA 93730	77-0196692	501(C)(3)	7,500		FMV		SUPPORT PRESERVATION OF THE SAN JOAQUIN RIVER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE CENTER COMMUNITY COLLEGE FOUNDATION 390 W FIR AVE CLOVIS, CA 93611	77-0190269	501(C)(3)	14,000		FMV		PROVIDE SUPPORTIVE SERVICES AND SPECIALIZED PROGRAMS FOR THE BENEFIT OF THE STATE CENTER COMMUNITY COLLEGE DISTRICT
DINUBA UNIFIED SCHOOL DISTRICT 1327 EAST EL MONTE WAY DINUBA, CA 93618	94-2191905	DINUBA USD	6,000		FMV		PROMOTE POSITIVE SCHOOL DISCIPLINE FOR IMPROVED SOCIAL AND EMOTIONAL HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO PACIFIC UNIVERSITY 1717 S CHESTNUT AVE FRESNO, CA 93702	94-1021164	501(C)(3)	12,025		FMV		SUPPORT FOR EDUCATION
FRESNO POLICE CHAPLAINCY PO BOX 1271 FRESNO, CA 93715	77-0304652	501(C)(3)	9,500		FMV		SUPPORT COMMUNITY LAW ENFORCEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESNO STATE ALUMNI ASSOCIATION 2625 E MATOIAN WAY SH124 FRESNO, CA 937408000	94-1085570	501(C)(3)	8,500		FMV		SUPPORT STUDENTS AT FRESNO STATE
FRESNO STATE FOUNDATION 4910 N CHESTNUT FRESNO, CA 937261852	77-0217681	501(C)(3)	40,250		FMV		PROVIDE SUPPORTIVE SERVICES FOR SPONSORED PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF CENTRAL CALIFORNIA 1377 W SHAW AVE FRESNO, CA 93711	94-6000662	501(C)(3)	7,500		FMV		SUPPORT GIRL SCOUT MISSION TO BUILD GIRLS WITH COURAGE, CONFIDENCE, AND CHARACTER
JACK AND JILL OF AMERICA FOUNDATION 1930 17TH ST NW WASHINGTON, DC 200096207	51-0224656	501(C)(3)	5,000		FMV		PROVIDE SUPPORT FOR ISSUES AFFECTING AFRICAN AMERICAN CHILDREN AND FAMILIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINGS COUNTY OFFICE OF EDUCATION 1144 WEST LACEY BLVD HANFORD, CA 932305956	77-0135892	KINGS OFF EDUC	11,063		FMV		SUPPORT KINGS COUNTY EDUCATION PROGRAM
MADERA HIGH SCHOOL 200 SOUTH L STREET MADERA, CA 93637	35-2247260	MADERA USD	6,500		FMV		SUPPORT MADERA HIGH SCHOOL STUDENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOSEVELT SCHOOL OF THE ARTS PO BOX 15343 FRESNO, CA 93702	46-4030014	501(C)(3)	5,250		FMV		SUPPORT STUDENTS OF ROOSEVELT SCHOOL OF THE ARTS
SAM ACADEMY 750 N STREET SANGER, CA 93657	45-3484626	501(C)(3)	5,000		FMV		SUPPORT SCIENCE, ART, AND MUSIC EDUCATION THROUGH COMMUNITY PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE FL 17 CHICAGO, IL 60601	94-2897949	501(C)(3)	3,250		FMV		SUPPORT FOR ALZHEIMER CARE AND RESEARCH

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

2015
Open to Public Inspection

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

Name of the organization EDUCATIONAL EMPLOYEES CREDIT UNION	Employer identification number 94-1031345
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a									
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a									
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH DOOLEY PRESIDENT/CEO	(i)	589,038	112,690	7,949	525,097	28,288	1,263,062	0
	(ii)	0	0	0	0	0	0	0
2 BEVERLY RYANCFO	(i)	276,173	10,000	655	33,900	747	321,475	0
	(ii)	0	0	0	0	0	0	0
3 MARK PEREZCLO	(i)	284,700	10,000	655	33,900	21,739	350,994	0
	(ii)	0	0	0	0	0	0	0
4 DENDA MATTHEWSOO	(i)	272,365	10,600	655	33,900	11,230	328,750	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS GRAY SVP HR & FACILITIES	(i)	233,277	10,225	655	32,987	23,871	301,015	0
	(ii)	0	0	0	0	0	0	0
6 DICK ASHJIAN SVP RISK MGMT	(i)	230,459	10,000	655	32,690	10,234	284,038	0
	(ii)	0	0	0	0	0	0	0
7 ELENA MARTIN CONTROLLER	(i)	193,227	10,000	655	12,467	11,392	227,741	0
	(ii)	0	0	0	0	0	0	0
8 JULIE MATTERN SVP BRANCHES	(i)	190,331	10,000	655	30,268	10,474	241,728	0
	(ii)	0	0	0	0	0	0	0
9 BRADLEY TOWERS FINANCIAL REP	(i)	17,554	142,269	247	9,777	9,800	179,647	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 4B	<p>THE CREDIT UNION OFFERS A 457B RETIREMENT PLAN THAT ALLOWS EXECUTIVES TO DEFER A SPECIFIED AMOUNT OF THEIR PRE-TAX INCOME FOR INVESTMENT. EMPLOYEES MAY MAKE DISCRETIONARY CONTRIBUTIONS TO THE PLAN BUT ARE NOT REQUIRED. EMPLOYEES ARE 100% VESTED AT THE TIME OF CONTRIBUTION. THE 457B FUNDS ARE INVESTED IN MUTUAL FUNDS AND OTHER INVESTMENT OPTIONS ALSO OFFERED IN THE CREDIT UNION'S 401K PLAN. CURRENTLY, THE FOLLOWING EXECUTIVES ARE ACTIVELY PARTICIPATING IN THE 457B PLAN: ELIZABETH DOOLEY, BEVERLY RYAN, DENDA MATTHEWS, MARK PEREZ, THOMAS GRAY, DICK ASHJIAN, AND JULIE MATTERN. IN 2016, \$18,000 HAS BEEN CONTRIBUTED TO THE FOLLOWING EMPLOYEES PARTICIPATING IN THE 457B PLAN: ELIZABETH DOOLEY, BEVERLY RYAN, DENDA MATTHEWS, MARK PEREZ, THOMAS GRAY, DICK ASHJIAN, AND JULIE MATTERN. THE CREDIT UNION ALSO OFFERS A 457F WHICH IS FUNDED SOLELY BY A LIFE INSURANCE POLICY OWNED BY THE CREDIT UNION. CURRENTLY, ELIZABETH DOOLEY IS THE ONLY PARTICIPANT. INFORMATION OF THE LIFE INSURANCE IS BEING REPORTED ON FORM 8925.</p>

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EDUCATIONAL EMPLOYEES CREDIT UNION

Employer identification number
94-1031345

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 24-5, 060

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DANIEL MARTIN	DEPENDENT OF HIGHLY COMPENSATED EMPLOYEE	2,000	EDUCATION	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data**Software ID:****Software Version:****EIN:** 94-1031345**Name:** EDUCATIONAL EMPLOYEES CREDIT UNION**Form 990, Schedule L, Part II - Loans to and from Interested Persons**

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
DENDA MATTHEWS	OFFICER	PLATINUM VISA		X	32,500	29,023		No	Yes		Yes	
THOMAS GRAY	HCE	HELOC		X	74,600	63,734		No	Yes		Yes	
MARK PEREZ	OFFICER	PLATINUM VISA		X	35,000	877		No	Yes		Yes	
BEVERLY RYAN	OFFICER	PLATINUM VISA		X	35,000	1,104		No	Yes		Yes	
BEVERLY RYAN	OFFICER	1ST T/D		X	287,000	255,896		No	Yes		Yes	
THOMAS GRAY	HCE	PLATINUM VISA		X	32,500	18,652		No	Yes		Yes	
THOMAS GRAY	HCE	1ST T/D		X	235,000	201,455		No	Yes		Yes	
ELIZABETH DOOLEY	OFFICER	1ST T/D		X	287,000	186,337		No	Yes		Yes	
JULIE MATTERN	HCE	PLATINUM VISA		X	20,500	15,139		No	Yes		Yes	
JULIE MATTERN	HCE	GOLD VISA		X	20,500	9,151		No	Yes		Yes	
MARK PEREZ	OFFICER	OD		X	1,000	1,000		No	Yes		Yes	
DICK ASHJIAN	HCE	PLATINUM VISA		X	25,000	3,695		No	Yes		Yes	
JULIE MATTERN	HCE	VEHICLE		X	58,441	42,963		No	Yes		Yes	
ELENA MARTIN	HCE	1ST T/D		X	96,000	22,790		No	Yes		Yes	
DENDA MATTHEWS	OFFICER	LOC		X	10,000	4,619		No	Yes		Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
ELIZABETH DOOLEY	OFFICER	NEW AUTO		X	40,000	13,040		No	Yes		Yes	
ELENA MARTIN	HCE	PLATINUM VISA		X	35,000	4,554		No	Yes		Yes	
DICK ASHJIAN	HCE	VEHICLE		X	37,365	31,348		No	Yes		Yes	
BEVERLY RYAN	OFFICER	VEHICLE		X	42,817	31,625		No	Yes		Yes	
JULIE MATTERN	HCE	1ST T/D		X	170,000	143,446		No	Yes		Yes	
ELENA MARTIN	HCE	VEHICLE		X	25,000	16,888		No	Yes		Yes	
ELIZABETH DOOLEY	OFFICER	PLATINUM VISA		X	35,000	5,096		No	Yes		Yes	
ELENA MARTIN	HCE	HELOC		X	84,000	4,441		No	Yes		Yes	
DENDA MATTHEWS	OFFICER	ENERGY		X	9,068	8,187		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EDUCATIONAL EMPLOYEES CREDIT UNION

Employer identification number

94-1031345

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE RETURN IS REVIEWED BY THE CONTROLLER, CFO AND CEO. ADDITIONALLY THE RETURN WILL BE PROVIDED TO THE BOARD MEMBERS BEFORE IT IS SUBMITTED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS AND EMPLOYEES MUST ANNUALLY ATTEND A CODE OF CONDUCT TRAINING PRESENTATION WHICH INCLUDES CONFLICT OF INTEREST PROVISIONS THEIR REQUIRED ATTENDANCE IS EVIDENCED THROUGH A SIGNED ACKNOWLEDGEMENT IN ADDITION, ALL PROSPECTIVE DIRECTORS SIGN AN ADDITIONAL CONFLICT OF INTEREST STATEMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS HIRES AN INDEPENDENT OUTSIDE FIRM THAT SPECIALIZES IN THIS AREA FOR BOTH THE ANNUAL REVIEW AND SALARY STRUCTURE FOR THE CEO IN ADDITION THE CREDIT UNION USES THE RESULTS OF SEVERAL SURVEYS IN SETTING THE CEO'S COMPENSATION FOR THE SVP'S AND ALL OTHER KEY EMPLOYEES SURVEYS ARE CONSULTED WHICH SUPPORT SALARY LEVELS AND DUTIES ALL EMPLOYEES RECEIVE ANNUAL REVIEWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CERTAIN GOVERNING DOCUMENTS AND POLICIES MAY BE MADE AVAILABLE BY WRITTEN REQUEST THROUGH THE CREDIT UNION'S BOARD APPROVED RECORDS INSPECTION POLICY FINANCIAL STATEMENTS ARE POSTED AND AVAILABLE TO THE PUBLIC AT EACH CREDIT UNION BRANCH OFFICE ON A MONTHLY BASIS IN ADDITION, AN ANNUAL REPORT IS MADE AVAILABLE AT THE CREDIT UNION'S ANNUAL MEETING OF MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN OTHER COMPREHENSIVE INCOME -851,132 EQUITY ACQUIRED IN MERGER 1,340,293

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR SO VAL TEL FEDERAL CREDIT UNION MERGED INTO EDUCATIONAL EMPLOYEES CREDIT UNION EFFECTIVE NOVEMBER 15, 2016

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
EDUCATIONAL EMPLOYEES CREDIT UNION

Employer identification number

94-1031345

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) EDUCATORS FINANCIAL & INSURANCE SERVICES 2222 W SHAW AVENUE FRESNO, CA 93711 77-0244291	DORMANT CORPORATION NOT CURRENTLY CONDUCTING BUSINESS	CA	EDUCATIONAL EMPLOYEES CREDIT UNION	C		5,000	100 000 %		No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII **Supplemental Information**

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

Return Reference**Explanation**