EXTENDED TO NOVEMBER 15, 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	or the	e 2018 calendar year, or tax year beginning and	ending							
В	Check if applicabl	C Name of organization		D Employer identific	eation number					
X	Addre			<u> </u>						
<u>_</u>	Name chang	Doing business as		95-09	945085					
Ļ	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•					
	Final return	3738 BAYER AVE.	102	(562) 498-6057					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,632,326.					
	Amen			H(a) Is this a group re						
	Application			for subordinates						
	pendi	SAME AS C ABOVE	, 3	H(b) Are all subordinates in						
1 .	Tax-exempt status 501(c)(3) \$\times 501(c)(6)\$ (\$\text{14}\$) \$\rightarrow\$ (insert no.) \$\times 4947(a)(1)\$ or \$\times 527\$ If "No," attach a list (see instructions)									
		e: ► WWW.POSTCITYCU.ORG		H(c) Group exemption						
			DT 1 Year		State of legal domicile: CA					
	art I	Summary	<u> </u>	01 101111011.	Ciato or logar dormond. C21					
	1	Briefly describe the organization's mission or most significant activities. A CO	OPERAT	TVE ORGANTS	ZED FOR THE					
če	'	PURPOSE OF PROMOTING THRIFT AND SAVINGS								
nar	2	Check this box I if the organization discontinued its operations or dispo								
Ver	3	Number of voting members of the governing body (Part VI, line 1a)	360 01 111016	3	5					
ဌ	3	Number of independent voting members of the governing body (Part VI, line 1a)		4	5					
∞ ∞	4			5	14					
Ęį	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)								
,₹	6	Total number of volunteers (estimate if necessary)		6	1 067					
Š	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	1,967.					
\geq	<u> </u>	Net unrelated business taxable income from Form 990 T, line 38 C C I V C	} 	7b	0.					
Revenue NN 74 Activities & Governance			70 H	Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	Ö	0.	0.					
	9	109.211 001100 1010100 1 211 1111 1110 29		1,852,598.	1,728,369.					
È.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	- RS	674,886.	903,957.					
:	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10g, and 11e)	〒	8,839.	0.					
	Τ''	Total revenue add lines 8 through 11 (must equal Part-VIII).coldmn (A). line 12	<u>!</u>	2,536,323.	2,632,326.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	4,500.	0.					
1		Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.					
ès	t	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		995,468.	902,725.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.					
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,677,147.	1,624,256.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	2,677,115.	2,526,981.					
	19_	Revenue less expenses Subtract line 18 from line 12		-140,792.	105,345.					
Sor			Ве	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	77,616,633.	75,935,350.					
₹ Jd B	21	Total liabilities (Part X, line 26)	<u> </u>	68,767,831.	66,981,203.					
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		8,848,802.	8,954,147.					
	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is					
true	, correc	t, and complete Paclaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.						
		A SHAWUUX								
Sig	n	Signature of officer		Date	1.0					
Here CHRISTINE HALEY, PRESIDENT/CEO										
		Type or print name and title								
	Print/Type preparer's name Preparer's that ure Date Check PTIN									
Paid	i	VALENTINO CREUS, CPA	1	self-employe						
Pre	parer	Firm's name TURNER, WARREN, HWANG & CONRAD	ACCTCY	Firm's EIN	95-4083485					
Use	Use Only Firm's address 100 NORTH FIRST ST., STE 202									
	BURBANK, CA 91502 Phone no. (818) 954-9700									
Ma	y the If	S discuss this return with the preparer shown above? (see instructions)			X Yes No					
		LIA For Department Deduction Act Notice and the congrete instruction			Form 990 (2018)					

	990 (2018) POSTCITY FINANCIAL CREDIT UNION	95-0945085 Page 2
Pa	t Itl Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1 `	,	
	SEE SCHEDULE O	
		
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 X 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 X 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
	ACHIEVEMENT OF SATISFACTORY SERVICES PROVIDED TO MEMBERS	
	WITH CONSUMER LOANS, I.E., AUTO LINES, VISA AND PERSONAL CREDIT.	LINES OF
	CREDII.	
	<u></u>	
		
4b	(Code) (Expenses \$	
	LOAN PRODUCTS TO EXISTING MEMBERS.	HORIGAGE
	DOAN PRODUCTS TO EXISTING MEMBERS:	
		_ _
		
4c	(Code) (Expenses \$	
	MEMBER SATISFACTION IN CONNECTION WITH SERVICES PERTAINI CHECKING/SAVINGS ACCOUNTS, ATTRACTIVE CD RATES, IRA AND	
	ACCOUNTS.	DIMILAN
	ilicounts.	
4d	Other program services (Describe in Schedule O)	•
4.	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses	Form 990 (2018)
		. 51111 444 (2010)

1. Is the organization described in section 501(p(l)3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2. Is the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule (P, Part I) 3. X 4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule (P, Part I) 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 99-19? If "Yes," complete Schedule C, Part III 5. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7. Zivide the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8. Did the organization receive an amount in Part X, line 21, for escrow or custodial account hability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt megohation services? If "Yes," complete Schedule D, Part IV 10. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11. Did the organization report an amount for other lassets in Part X, line 19? If "Yes," complete Schedule D, Part XI 12. Did the organization report an amount for other assets in Part X, line 19? If "Yes," complete Schedule D, Part XI				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contribution® Did the organization engage in direct or index-or plutice admission behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 50 (1c)(8) organization and the organization engage in lobbying activities, or have a section 501(fiv) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as defined in Brewin Procedure and 8-97 If "Yes," complete Schedule C, Part II Ob the organization and was a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Brewin Procedure all 8-97 If "Yes," complete Schedule C, Part II Ob the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment and anomatis in such funds or accounts If "Yes," complete Schedule D, Part II Ob the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II Ob the organization maintain and part in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such tax and part in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such test or Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such test or Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in such early of the following questions is "Yes," complete Schedule D, Part V II If the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part V II If the organization report an amount for investments - other ascurites in Part X, line 10° If "Yes," complete Schedule D, Part V II If the organization report an amount for investments - other ascurit	1`				
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4 Section 501(h(s)) organizations. Did the organization engage in bibbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(h(s), 501(h(s)); or 501(h(s)) or 501(h(s)) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19 If "Yes," complete Schedule C, Part II is the organization maken any othoric advected flunds or any similar funds or accounts for which dinors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is Did the organization reverse or hold a conservation easement, including easements to preserve open space, the environment, instructures? If "Yes," complete Schedule D, Part II is Did the organization report an amount in Part X, line 21, for section or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV in the organization and provide in any of the foliobing questions is "Yes," then complete Schedule D, Part VI if the organization shares to any of the foliobing questions is "Yes," then complete Schedule D, Part VI if the organization shares to any of the foliobing questions is "Yes," then complete Schedule D, Part VI if the organization shares to any of the foliobing questions is "Yes," then complete Schedule D, Part VI if the organization report an amount for revestments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VI if the organization report an amount for other seasets in Part X, line 127 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X in 167 If "Yes," complete Schedule D, Part X in 167 If "Yes," complete Schedule D, Part X in 167 If "Yes," complete Schedule D, Part X in 167 If "Yes," complete Schedule	•		3		x
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10 10 10 10 10 10 10 10	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // 'Yes," complete Schedule D, Part V 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? // "Yes," complete Schedule D, Part VI 11 Did the organization report an amount for investments other securities in Part X, line 10? // "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11 Did 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? // "Yes," complete Schedule D, Part VII 12 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? // "Yes," complete Schedule D, Part X 13 Did the organization report an amount for other labilities in Part X, line 15? // "Yes," complete Schedule D, Part X 14 Did the organization report an amount for other labilities in Part X, line 15? // "Yes," complete Schedule D, Part X 15 Did the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X 16 Did the organization maintain an office, employees, or agents outside of the United States? 17 Did the organization maintain an office, employees, or agents outside of the United States? 18 Did the organization report on Part IX, column (A), line 2 // "Yes," complete Schedule P, Parts III and IV 19 Did the organization report on Part IX, column (A), line 3 // "Yes," complete Schedule P, Parts III and IV 10 Did the organization report on Part I		amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		ı	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional is the organization as school described in section 170(b)(1)(A)(b)(if "Yes," complete Schedule D, Part X and XII is optional is the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complet		If "Yes," complete Schedule D, Part IV	_9_		_X_
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Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b If "Yes" to line 20a, did the organization attach a copy of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	93200	 		990	

POSTCITY FINANCIAL CREDIT UNION 95-0945085 Form 990 (2018) Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a X 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 26 Х complete Schedule L. Part II 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No 1404 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form 990 (2018)

(gambling) winnings to prize winners?

				Yes	No		
2à	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-		-:••-		
	filed for the calendar year ending with or within the year covered by this return	2a 14			١.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Х	ļ		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	3a	Х	,		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0	3b	Х			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a_		X		
b	If "Yes," enter the name of the foreign country. ▶				1		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	_		!		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b_		X		
C	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			ĺ		
	any contributions that were not tax deductible as charitable contributions?		6a_		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts					
	were not tax deductible?		6b		<u> </u>		
7	Organizations that may receive deductible contributions under section 170(c).				ا <u>۔</u> '		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	<u>7a</u>		X_		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the first acceptance.	as required	- -		v		
	to file Form 8282?	أيد	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d optract?	7е				
e	 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7 <u>f</u> 7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	•	8				
9	Sponsoring organizations maintaining donor advised funds.			un manua			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a_				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter	1			,		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			١.		
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	11a			;		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	440					
	amounts due or received from them)	11b	40-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	12a	-	 ,		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>		
а	Note. See the instructions for additional information the organization must report on Schedule O		_104_				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				1		
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c			:		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.		_				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		<u>X</u>		
	If "Yes," complete Form 4720, Schedule O				<u> </u>		
			Form	990	(2018)		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			-
	If there are material differences in voting rights among members of the governing body, or if the governing			١,
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 5			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		,
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
ь	and the second s			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	l		لينا
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			;
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CHRISTINE HALEY, PRESIDENT/CEO - (562) 498-6057			
	3738 BAYER AVE. SUITE 102, LONG BEACH, CA 90808			

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, and 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

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

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

(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi heck	more	than	one	Reportable	Reportable	Estimated	
	hours per week		box, unless person is officer and a director					compensation from	compensation from related	amount of other	
	(list any	ector						the	organizations	compensation	
	hours for	Individual trustee or director	8			Highest compensated employee		organization	(W-2/1099-MISC)	from the	
	related organizations	rustee	l trust		99/	шреп		(W-2/1099-MISC)		organization and related	
	below	dualt	Institutional trustee	, in	Key employee	est co oyee	<u> </u>			organizations	
	line)	şpu	Insti	Officer	Keye	돌를	Богтег				
(1) ALFRED SOUDER	1.00										
CHAIRMAN		Х				-		0.	0.	0.	
(2) PATRICK TILLET	1.00								0	0	
VICE-CHAIR	1 00	X	-	_	_	-	_	0.	0.	0.	
(3) CARNELL DUNSTON	1.00	.							^	^	
SECRETARY	1.00	X		-	-	<u> </u>	_	0.	0.	0.	
(4) MICHAEL KARLSON	1.00	x					,	0.	0.	0.	
TREASURER	1.00	Δ.	-	-	-	-		<u></u>			
(5) KENNETH RULE BOARD MEMBER	1.00	X						0.	0.	0.	
(6) SHARON BERGERON	1.00	^	 		_			<u>.</u>		<u> </u>	
SUPV CMTE CHAIRPERSON	1.00	x						0.	0.	0.	
(7) JERRY HARDISON	1.00					<u> </u>					
SUPV CMTE MEMBER		X	İ		ĺ			0.	0.	0.	
(8) CHRISTINE CHAVIRA	1.00										
SUPV CMTE MEMBER		X						0.	0.	0.	
(9) CHRISTINE HALEY	50.00										
PRESIDENT/CEO				X		<u> </u>		153,461.	0.	15,057.	
(10) KEN PETERSON	50.00				ļ		j		_		
VICE PRESIDENT				X	<u> </u>	<u> </u>		119,263.	0.	12,594.	
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Part VIII Section & Officers Directors True	toos Vou Em	-1			- 11:			Same and a final and	(04				
Part VII Section A. Officers, Directors, Trus	lees, Key Em	pioy	ees,	and	ם <u>חו</u>	gne	st C	ompensated Employe					
(A) Name and title	(B) Average			(C Posi	رد ition			(D)	(E)	.		(F)	
Name and title	hours per		not ci	neck	more	than		Reportable	Reportable			nated	
	week					ıs boti ır/trus		compensation	compensation from related			unt of ther	i
	(list any	ğ						the	organization		compe		on
	hours for	direc				,		organization	(W-2/1099-MIS		•	n the	511
	related	ee 0r	stee			usate		(W-2/1099-MISC)	(*** – ** * * * * * * * * * * * * * * * * * *	,		nizatio	n
	organizations	Individual trustee or director	Institutional trustee		ye	mo				i	-	related	
	below	ndua	teter		Key employee	loyee	ner			1	organ	ızatıor	าร
	line)	를	lnsb	Officer	Key	Highest compensated employee	Former						
	<u> </u>									- 1			
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						-							
		<u> </u>						050 504		_ +		- F	_
1b Sub-total								272,724.		0.	<u>27</u>	<u>,65</u>	_
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	272,724.		0.	<u>27</u>	,65	<u>1.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													2
										_	\	'es l	No
3 Did the organization list any former officer,	director, or tru	ustee	, ke	y en	nplo	уее,	or	highest compensated e	mployee on				_
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	mpe	ensa	ation	and	oti	her compensation from	the organization	İ	1	i i	
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	JI	for such individual		L	4	X	
5 Did any person listed on line 1a receive or a									dual for services	,			
rendered to the organization? If "Yes," com											5		X
Section B. Independent Contractors													
Complete this table for your five highest co	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	tion fro	m	
the organization Report compensation for													
(A)								(B)			(C)		
Name and business	address							Description of s	ervices	Co	mpens	ation	
NORM WILSON & SONS INC							\exists						
3400 EAST SPRINT ST., LOI	NG BEACE	₹.	CA	, ,	908	3 0 6	5	BUILDING CON	TRACTOR		596	.86	0.
SHARE ONE, 2650 THOUSAND							Ħ	<u> </u>			<u> </u>	7.00	
#1120, MEMPHIS, TX 38118	OTTIO DI	- v 1	- 1		_		-	PROCESSOR			144	.11	1.
CU COOPERATIVE SYSTEMS,	INC 96	501) [741	/E1	J	寸	- 1.OCHODON			<u> </u>	<u>,</u>	<u> </u>
AVENUE, RANCHO CUCAMONGA					1	•		ATM PROCESSO	R		105	32	4
AVENUE, RANCHO CUCAMONGA	, (4)1	٠,٠					ヸ	TIM TIMOCHODO			<u> </u>	, , ,	<u> •</u>
							-						
							\dashv						
2 Total number of independent contractors (i	noludina but =	at 1:-		4 + ~	tha	- I	.+^~	I above) who recovered ==	ore than				

832008 12-31-18

Checkif Schedule O contains a response or note to any line in the Part VIII (A) (A) (B) (A) (B) (B) (B) (B)			Check if Schedule O cont	ains a resnonse	or note to any lin	ne in this Part VIII			<u></u>
a Federated Campagns b Membership dues b Members	•		SHOOK II GOHAGUA G COIII	шпо и гооропов	or note to any III	(A)	Related or exempt function	Unrelated business	Revenue excluded from tax under
2 a INCOME FROM LOANS 522100 1,118,184, 1,118,184, 522100 526,500. 526,500. 522100 533,685. 81,718. 1,967.	ontributions, Gifts. Grants nd Other Similar Aருப்பா	b d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1d 1s, and 1s, and 1f			-		
2 a INCOME FROM LOANS 5 PEE INCOME C OTHER OPERATING INCOME d d d d d d d d d d d d d	<u>5 ē</u>	_ <u>h</u>	Total. Add lines 1a-1f						
Total. Add lines 2a2f Total. Add lines 2a2f Total. Add lines 11a-11d	n Service /enue	b	FEE INCOME		522100 522100	1,118,184. 526,500.	526,500.	1,967.	
Total. Add lines 2a2f Total. Add lines 2a2f Total. Add lines 11a-11d	Rey	d							
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalities (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (foss) d Net rental income or (foss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (foss) d Net gain or (foss) d Net gain or (foss) d Net gain or (foss) b Less. direct expenses c Gain or (foss) b Less. direct expenses c Net income or (foss) from fundraising events 9 a Gross income from fundraising events 9 a Gross	Prog	e f	. •	enue		1 729 360			
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Sa Gross income from fundraising events (not including \$	$\overline{}$			dividends inter		1,120,309.			
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) (ii) Secunties (iii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) from fundraising events d Net gain or (loss) from fundraising events d Net gain or (loss) from fundraising events d Net gain or (loss) from gaming activities d Net gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (loss) from gain or (lo			other similar amounts)		•	903,957.	903,957.		
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) 8 a Gross income from fundraising events (not including \$		5	Royalties						
b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$\(\) of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b C C d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions O D C C C C C C C C C C C C C C C C C C				(ı) Real	(II) Personal				
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d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		-	•						
Ta Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) 8 a 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 9 a Gross income from gaming activities See Part IV, line 19 a b Less, direct expenses b c Net income or (loss) from gaming activities 10 a 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 11 a b C C d All other revenue e Total, Add lines 11a-11d 12 Total revenue See instructions D () Secunties (ii) Other (iii) Other (i) Other (ii) Other (iii) Other	ľ		, ,	<u> </u>					
assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b 0 C d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions > 2,632,326.2,630,359. 1,967. 0.				(i) Securities					
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$	l			() Country	<u> </u>				
C Gain or (loss) Net gain or (loss) 8 a Gross income from fundraising events (not including \$	1	b							
d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b 6 d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions A gross income from fundraising events b a	ĺ		and sales expenses			i			
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		С	Gain or (loss)				_	<u>.</u> .	
including \$ of contributions reported on line 1c) See Part IV, line 18		d	Net gain or (loss)						
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions > A B D D D D D D D D D D D D D D D D D D		8 a	including \$	of					
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Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d Total revenue See instructions a b b C C C C C C C C C C C C C C C C C C				•					
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10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions a b b c c c c c c c c c c c c c c c c c c	l	b	Less. direct expenses				_		
and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions a	l	С	Net income or (loss) from gan	ning activities					
b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions b 2,632,326.2,630,359. 1,967. 0.		10 a		returns					[,
C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue See instructions D All other sevenue See instructions									
Miscellaneous Revenue Business Code 11 a b c d All other revenue e Total. Add lines 11a·11d ▶ 12 Total revenue See instructions ▶ 2,632,326.2,630,359. 1,967.			-		L		-		
11 a	ł	<u>c</u>			Business Code				
b	ŀ	11 2			Business Code				
c d All other revenue e Total. Add lines 11a-11d		_							
e Total. Add lines 11a-11d 12 Total revenue See instructions ▶ 2,632,326.2,630,359. 1,967. 0.		c							
12 Total revenue See instructions ▶ 2,632,326.2,630,359. 1,967. 0.		d	All other revenue						
		е	Total. Add lines 11a-11d		•				
		12	Total revenue See instructions			2,632,326.	2,630,359.	1,967.	

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 respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				,
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			<u> </u>	
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	272,724.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 042			
7	Other salaries and wages	380,043.			-
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	107.000		 	
9	Other employee benefits	187,068.			
10	Payroll taxes	62,890.	- 	 	
11	Fees for services (non-employees).				
a	·	24 220		ļ	· -
Þ	Legal	24,330.			
¢	Accounting	42,920.			
q	, ,				<u> </u>
e	Professional fundraising services. See Part IV, line 17			<u> </u>	
f	Investment management fees				
â	•	299,865.			
40	column (A) amount, list line 11g expenses on Sch 0.)	151,063.		 	
12	Advertising and promotion Office expenses	482,009.		· · · · · · · · · · · · · · · · · · ·	
13	Information technology	27,463.			
14 15	Royalties	21,403.		 	
16	· · · · · · · · · · · · · · · · · · ·	98,792.			
17	Occupancy Travel	13,108.	-	 	
18		13,100.			-
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			 	
20	Interest	153,189.		 	
21	Payments to affiliates			 	
22	Depreciation, depletion, and amortization	144,914.			
23	Insurance		· · · · · · · · · · · · · · · · · · ·	 	
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)				ļ ·
	amount, list line 24e expenses on Schedule 0.)				
a	LOAN SERVICING EXPENSE	106,986.	_ <u></u>		
b	MISC OPERATING EXPENSES	52,754.	 		
c	NON OPERATING LOSS	14,733.	·····		
ď	PROVISION FOR LOAN & LE	12,130.			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,526,981.			
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (201)

Pai	τX	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	739,504.	1	632,458.	
	2	Savings and temporary cash investments		2,162,748.	2	2,886,625.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and form	er officers, directors,			
		trustees, key employees, and highest compensated	d employees Complete		_	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	l persons (as defined under			1
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section	501(c)(9) voluntary			
Ş		employees' beneficiary organizations (see instr) Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		105,462.	9	75,575.
	10a	Land, buildings, and equipment cost or other				1
		·	0a 3,204,349.		-	
	b	Less. accumulated depreciation	оь 760,212.	1,804,014.	10c	2,444,137.
	11	Investments · publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11	TO 450 455	12	60 254 205	
	13	Investments - program-related See Part IV, line 11	70,462,457.	13	68,374,225.	
	14	Intangible assets		2 242 440	14	1 500 330
	15	Other assets See Part IV, line 11		2,342,448.	15	1,522,330. 75,935,350.
	16	Total assets. Add lines 1 through 15 (must equal li	ne 34)	77,616,633. 309,317.	16 17	90,931.
	17	Accounts payable and accrued expenses	309,317.	18	30,331.	
	18	Grants payable	<u></u> .	19		
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities	t IV of Schodula D		21	
	21	Escrow or custodial account liability. Complete Par Loans and other payables to current and former of		-	-	
Liabilities	22	key employees, highest compensated employees,				1
i	1	Complete Part II of Schedule L	and disquamied persons	• • • •	22	
E:	23	Secured mortgages and notes payable to unrelated	d third parties		23	
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, payal				
		parties, and other liabilities not included on lines 17				
	ļ	Schedule D	,	68,458,514.	25	66,890,272.
	26	Total liabilities. Add lines 17 through 25		68,767,831.	26	66,981,203.
		Organizations that follow SFAS 117 (ASC 958), o	check here			
S		complete lines 27 through 29, and lines 33 and 3				
Ž.	27	Unrestricted net assets			27	
sala	28	Temporarily restricted net assets			28	
9	29	Permanently restricted net assets			29	
Б		Organizations that do not follow SFAS 117 (ASC	958), check here ▶ X			, ,
p		and complete lines 30 through 34.			ļ	,
ets	30	Capital stock or trust principal, or current funds		0.		0.
Ass	31	Paid-in or capital surplus, or land, building, or equip	oment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inco	me, or other funds	8,848,802.		8,954,147.
Z	33	Total net assets or fund balances		8,848,802.		8,954,147.
	34	Total liabilities and net assets/fund balances		77,616,633.	34	75,935,350.

75,935,350. Form **990** (2018)

Form	990 (2018) POSTCITY FINANCIAL CREDIT UNION	95-094	5085	Pag	ge 12
Pa	rt 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	2,632		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,526	<u>5,9</u>	81.
3	Revenue less expenses Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,848	3,8	02.
5	Net unrealized gains (losses) on investments	5			
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,954	1,1	<u>47.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			•	•
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		<u>. – </u>	كا
2a	·		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	.		•,
	separate basis, consolidated basis, or both		_		
	Separate basis Consolidated basis Both consolidated and separate basis		-		لنـــا
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		•	
	consolidated basis, or both		i i	**	1 :
	Separate basis Consolidated basis Both consolidated and separate basis			سنداء	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u> _	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			١,,
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	iired audit			1
	or sudits, evaluation where Cohedule O and describe any stone taken to undergo such audits		1 2h		1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

POSTCITY FINANCIAL CREDIT UNION

Employer identification number 95-0945085

Par	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line								
•		(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 v	vriting that the assets held in donor advis	ed funds						
	are the organization's property, subject to the organization's	exclusive legal control?	└ Yes						
6	Did the organization inform all grantees, donors, and donor ac								
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose							
	impermissible private benefit?		Yes No						
Pai			Part IV, line 7						
1	Purpose(s) of conservation easements held by the organization								
	Preservation of land for public use (e.g., recreation or ed	·	orically important land area						
	Protection of natural habitat Preservation of a certified historic structure								
_	Preservation of open space	A constant of the second of the second	-6 the second on the lead						
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete 2a through 2d if the complete lines 2a through 2d if the complete	led conservation contribution in the form	i I						
	day of the tax year		Held at the End of the Tax Year 2a						
a	Total number of conservation easements		2b						
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	acture included in (a)	2c						
C	Number of conservation easements included in (c) acquired a								
d	listed in the National Register	arter 7720700; and not on a motorio or doc	2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the							
Ŭ	year >	,	y						
4	Number of states where property subject to conservation eas	sement is located >							
5	Does the organization have a written policy regarding the per								
-	violations, and enforcement of the conservation easements it		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,		servation easements during the year						
	>								
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year						
	▶ \$								
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170	——————————————————————————————————————						
	and section 170(h)(4)(B)(ii)?		└ Yes └ No						
9	In Part XIII, describe how the organization reports conservation								
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for						
_	conservation easements	f Art Historical Transpurse or C	Athor Similar Assats						
Ра	rt III Organizations Maintaining Collections of		Miler Sillinar Assets.						
	Complete if the organization answered "Yes" on Form		ment and balance shoot works of art						
1a	If the organization elected, as permitted under SFAS 116 (AS								
	historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that descri		arce or public service, provide, irri arcxiii,						
L	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical						
D	treasures, or other similar assets held for public exhibition, ed								
		ducation, or resource in factorial of pe							
	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 trea	asures, or other similar assets for financia							
2	the following amounts required to be reported under SFAS 1		5 . 1						
а	Down and dad as Farm COO Dark VIII line 1		> \$						
	Assets included in Form 990, Part X		> \$						
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018						

832051 10-29-18

		<u>Y FINANCIA</u>						<u>95-09</u>			<u>age 2</u>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Ti	reasures, c	or Oth	<u>er Simil</u>	<u>ar Asset</u>	S(contin	iued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following tha	t are a s	ignificant	use of its	ollection	า item	S
•	(check all that apply)										
а	Public exhibition	c	ı 🔲 i	oan or exc	hange progra	ams					
b	Scholarly research	6		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	the organization	on's exe	mpt purp	ose in Part	XIII		
5	During the year, did the organization solicit o										
-	to be sold to raise funds rather than to be ma								Yes		No
Par	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, Par			• •					•		
1a	Is the organization an agent, trustee, custodi		diary for	contributio	ns or other as	sets no	included				
	on Form 990, Part X?		,						Yes		No
h	If "Yes," explain the arrangement in Part XIII.	and complete the fo	ollowina t	able					,		
	Tos, explain the altengement in talt xills	and complete the re	,o	40.0					Amount		
_	Beginning balance						1c				
	Additions during the year						1d				
	• •						1e				
e	Distributions during the year						1f				
7-	Ending balance	arm 000 Bort V line	O1 for a	oorow or o	ustodial acco	unt kah		<u> </u>	Yes		No
	Did the organization include an amount on Fe) 162	==	ן אוני ר
Pai	If "Yes," explain the arrangement in Part XIII T V Endowment Funds. Complete in										
ı aı	Eliasvillette i alias. Complete i				(c) Two year			years back	(e) Four		hack
	D	(a) Current year	(B) P	rior year	(C) I WO year	S Dack	(a) Three	years back	(e) roui	years	Dack
1a	Beginning of year balance										
b	Contributions	 .									
С	Net investment earnings, gains, and losses										—
	•										
е	Other expenditures for facilities										
	and programs						_				
f	Administrative expenses			_	1						
g	End of year balance				L						
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column ((a)) held as [.]						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
C	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held	and administe	ered for	the organ	zation			
	by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b		ations listed as requ	ired on S	chedule R	?				3b		
4	Describe in Part XIII the intended uses of the	•									
	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part I\	/, line 11a	See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or o			t or other		ccumulat	ed	(d) Boo	k valu	e
	becomplied of property	basis (invest			(other)		preciation		,		
	Land				47,505.				74	7.5	05.
	Land				13,280.		143,6	84.			96.
b	Buildings			<u> </u>	<u> </u>					<u>- , </u>	<u> </u>
C	Leasehold improvements			Ω	43,564.		616,5	28	22	7 0	36.
d	• •			_04	23,304.		010,0	720.		<i>,</i> , o	<u> </u>
<u>е</u>	Other	augl Form 990 Par	4 V . a a l: :-	(D) (ra	10-1				2.44	<u>4</u> 1	37

Schedule D (Form 990) 2018

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 (Col. (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	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENTS IN CUSOS	45,000.	COST
(2) ASI DEPOSIT RESERVE	889,956.	COST
(3) LOANS	22,234,269.	END-OF-YEAR MARKET VALUE
(4) DEPOSITS IN		
(5) BANK/S&LS/SAVINGS		
(6) BANKS/OTHER CUS	41,810,000.	COST
CORRORATE OU DEDOCATED	2 250 000	COCE

(a) Description of investment	(b) Book value	(C) Welfied of Valuation Cost of end-of-year market value
(1) INVESTMENTS IN CUSOS	45,000.	COST
(2) ASI DEPOSIT RESERVE	889,956.	COST
(3) LOANS	22,234,269.	END-OF-YEAR MARKET VALUE
(4) DEPOSITS IN		
(5) BANK/S&LS/SAVINGS		
(6) BANKS/OTHER CUS	41,810,000.	COST
(7) CORPORATE CU DEPOSITS	3,250,000.	COST
(8) INVESTMENTS - HELD TO		
(9) MATURITY	145,000.	COST
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	68,374,225.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3)(4) (5) (6) (7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TAXES PAYABLE	2,223.
(3) MEMBER SHARES	66,888,049.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 66,890,272.

^{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 X Schedule D (Form 990) 2018

<u>Sche</u>	dule D (Form 990) 2018 POSTCITY FINANCIAL CREDIT		95-0945085 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	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.		
а	Net unrealized gains (losses) on investments	2a]
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	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.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	7
c	Add lines 4a and 4b		7 4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pai	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r 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	7
c	Other losses	2c	i
d	Other (Describe in Part XIII)	2d	1
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.		
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a		4b	1
b	Other (Describe in Part XIII)	<u> 40 </u>	4c
c	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
5 Da	rt XIII Supplemental Information.		1 3
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par	t IV lines 1h and 2h Part V line	A: Part X line 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		74, 1 (1174, 1110 2) 1 (1174)
iines	20 and 46, and Part XII, lines 20 and 46. Also complete this part to provide any act	dional information	
			
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PAI	RT X, LINE 2:		
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Schedule D (Form 990) 2018

THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2018	POSTCITY	FINANCIAL CREDIT	UNION	95-0945085 Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Infor	mation (continue	d)		
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				Schedule D (Form 990) 2018

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

POSTCITY FINANCIAL CREDIT UNION

Employer identification number

95-0945085

			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			Ι.
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
				· '
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			· !
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				·
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract		İ	;
	Independent compensation consultant X Compensation survey or study			١ ،
	Form 990 of other organizations X 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	-		-
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 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		-	_
а	The organization?	5a_		
b	Any related organization?	5b		<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.		-	
а	The organization?	6a	-	
b	Any related organization?	6b	 	
	If "Yes" on line 6a or 6b, describe in Part III		.	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on 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		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

95-0945085

POSTCITY FINANCIAL CREDIT UNION

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

Schedule J (Form 990) 2018

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 aren't 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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(i)(a)	ın column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2018

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SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

Employer identification number

POSTCITY FINANCIAL CREDIT UNION 95-0945085 FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: CREDIT UNION FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: POSTCITY FINANCIAL 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, POSTCITY FINANCIAL CREDIT UNION CONDUCTS ITS BUSINESS FOR THE MUTUAL BENEFIT AND GENERAL WELFARE OF ITS MEMBERS WITH THE EARNINGS, SAVINGS, BENEFIT, OR SERVICE THE CREDIT UNION BEING DISTRIBUTED TO ITS MEMBERS AS PATRONS. FORM 990, PART VI, SECTION A, LINE 6: POSTCITY FINANCIAL 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. POSTCITY FINANCIAL CREDIT UNION DOES NOT HAVE STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BOARD OF POSTCITY FINANCIAL 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization Employer identification number POSTCITY FINANCIAL CREDIT UNION <u>95-</u>0945085 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 DISSOLUTIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD AND MANAGEMENT REVIEW THE FORM 990 DURING THE BOARD MEETING AND PROVIDE COMMENTS AND MODIFICATIONS WHERE NECESSARY. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS SIGN A CONFLICT OF INTEREST POLICY AFTER THEY ARE ELECTED AND ANNUALLY THEREAFTER. FORM 990, PART VI, SECTION B, LINE 15A: AN HR COMMITTEE IS FORMED FROM THE BOARD OF DIRECTORS TO PREPARE THE CEO'S REVIEW. INDUSTRY REPORTS INDICATING TOTAL COMPENSATION ARE REVIEWED. THE COMMITTEE BRINGS THE INFORMATION TO THE FULL BOARD FOR REVIEW, INPUT AND FINAL APPROVAL. THE CEO PREPARES THE REVIEW FOR ALL DIRECT REPORTS, AND USES INDUSTRY REPORTS INDICATING SALARY RANGES SPECIFIC TO EACH POSITION. FORM 990, PART VI, SECTION C, LINE 19: THE CREDIT UNION POSTS A SIGN IN THE LOBBY TO INQUIRE WITHIN TO REVIEW THE CREDIT UNION'S FINANCIALS. FORM 990, PART IX, LINE 11G, OTHER FEES:

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Name of the organization POSTCITY FINANCIAL CREDIT UNION	Employer identification number 95-0945085
OTHER PROFESSIONAL FEES	299,865.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	299,865.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT	PROCESS OR
SELECTION PROCESS DURING THE TAX YEAR.	

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