Form 990 (Rev January 2020) Department of the Treasury Internal Revenue Service

932001 01-20-20

## EXTENDED TO NOVEMBER 16, 2020

**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.

OMB No 1545-0047

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

Open to Public

^	For the	e 2019 calendar year, or tax year beginning	ind ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	S POSTCITY FINANCIAL CREDIT UNION			
	Name			95-09450	85
	Initial return	A SO has far described as the second	Room/suit		
; C	Final		102	(562) 49	8-6057
<u>ئ</u> ر	termir ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,813,434.
) <u> -</u>	return	LONG BEACH, CA 90000		H(a) Is this a group re	
> L_	tion pendi	I F Name and address of principal officer CRAIDIINE RALEI		for subordinates	
ì <del>-</del> -	T	<del></del>	(1) or 5	H(b) Are all subordinates in	
		empt status	<u>(1)01 \{</u> 2	H(c) Group exemptio	list (see instructions)
~ <del>~</del>		organization. Corporation Trust Association X Other	1 Yea		State of legal domicile: CA
P	art I	Summary			Jacob Or logar dollinging, Obli
Activities & Governance $ \nabla $	1	Briefly describe the organization's mission or most significant activities. A	COOPERA	TIVE, ORGANI	ZED FOR THE
<b>4</b> 2 2		PURPOSE OF PROMOTING THRIFT AND SAVINGS	AMONG	ITS MEMBERS	•
$\mathbf{g}$	2	Check this box   If the organization discontinued its operations or dis	sposed of mo	re than 25% of its net as	ssets
ق ق	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
*	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	5
ies	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	19
ŧķ	6	Total number of volunteers (estimate if necessary)		6	8
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,512.
	ь	Net unrelated business taxable income from Form 990-T, line 39	————	7b	
		Contributions and grants (Part VIII. line 1b)	F	Prior Year 0 •	Current Year 0 •
ž		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	⊢	1,728,369.	1,799,643.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		903,957.	991,165.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	22,626.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	2,632,326.	2,813,434.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	250.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	902,725.	1,096,373.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ď.	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	1 604 056	1 500 511
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	1,624,256.	1,598,711.
	18	Total expenses Add lines 13-17 (must equal Par IX column (A) Ine 25)	-	2,526,981. 105,345.	2,695,334.
	19	Hevenue less expenses Subtract line 18 trom-line 12		Beginning of Current Year	118,100.
ets or J	20	Tetal consts (Best X loss 46)		75,935,350.	End of Year 71,853,708.
Asse	20	Total labilities (Part X, line 16) Total liabilities (Part X, line 26)	⊢	66,981,203.	62,781,461.
Net Asset	22	Net assets or fund balances Subtract line 27 from the 20	-	8,954,147.	9,072,247.
	art II	Signature Block OGDEN, UI			<del></del>
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying sche	dules and state	ments, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complate, Declaration of preparer (other than officer) is based on all information of	of which prepar	er has any knowledge.	
		Mally		11-13-	2020
Sig	ın	Signature of officer		VDate	
He	re	CHRISTINE HALEY, PRESIDENT/CEO			
		Type or print name and title		Date 1 Check	PTIN
n - 1	_	Print/Type preparer's name Preparer's signature Preparer's signature		11/11/227	— h010E41E3
Pai Pro	d parer	VALENTINO CREUS, CPA  Firm's name TURNER, WARREN, HWANG & CONRAI	ACCTC	self-employ	P01054153 95-4083485
	parer Only	Firm's name TURNER, WARREN, HWANG & CONRAL Firm's address 100 NORTH FIRST ST., STE 202	ACCIC	i FIFM S EIIV	77-4007407
USE	, omy	BURBANK, CA 91502		Phone no ( 8	18) 954-9700
		RS discuss this return with the preparer shown above? (see instructions)	<del></del>	I none no. ( O	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

<u>Form</u>	990 (2019) POSTCITY FINANCIAL CREDIT UNION	95-0945085	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u></u>	
-	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[ Vas	X No
3	If "Yes," describe these changes on Schedule O	Yes	NO LAAL
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 revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ie S	
	ACHIEVEMENT OF SATISFACTORY SERVICES PROVIDED TO MEMBERS		ION '
	WITH CONSUMER LOANS, I.E., AUTO LINES, VISA AND PERSONAL	LINES OF	
	CREDIT.		
4b	(Code ) (Expenses \$ Including grants of \$ ) (Revenue		
	ACCOMPLISHMENT OF TARGET GOALS IN CONNECTION WITH PROVISION PRODUCTS TO EXISTING MEMBERS.	SION OF MORTO	GAGE
			<del></del>
4c	(Code ) (Expenses \$ Including grants of \$ ) (Revenue MEMBER SATISFACTION IN CONNECTION WITH SERVICES PERTAINS		)
	CHECKING/SAVINGS ACCOUNTS, ATTRACTIVE CD RATES, IRA AND		
	ACCOUNTS.	BIMILIAN	
	ACCOUNTS:		
		-	
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
4d	Other program services (Describe on Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses		<del></del>
		Form 99	<b>90</b> (2019)

# Form 990 (2019) POSTCITY FINANCIAL CREDIT UNION 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)?  If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ı	Х
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	_		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	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	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		х
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	17		х
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	18		x
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	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	000	X
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POSTCITY FINANCIAL CREDIT UNION 95-0945085 Form 990 (2019) Page 4 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 27 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 X 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 Х Schedule K If "No," go to line 25a 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 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 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 34 Х Part V, line 1 34 X 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 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1291 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 1b

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form **990** (2019)

(gambling) winnings to prize winners?

Form	990 (2019) POSTCITY FINANCIAL CREDIT UNION 95-0945	085	P	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		4	1
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	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 on Schedule O	3b	Х	<u> </u>
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			١ ،
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	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 transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<b>.</b>
	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 contributions or gifts	1		
	were not tax deductible?	6b		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		X
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	-	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		₩
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b> </b>		x
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		├──
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79 7h		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<del>- '''</del>		$\vdash$
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
_	sponsoring organization have excess business holdings at any time during the year?	۰		<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			'
	Gross income from other sources (Do not net amounts due or paid to other sources against	١ ٠		
-	amounts due or received from them)		<u>  ·                                  </u>	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	<u></u>	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		•	
	organization is licensed to issue qualified health plans	] .		.
c	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	<u> </u>	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	<u> </u>	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 income?	16	<u> </u>	X
	If "Yes," complete Form 4720, Schedule O	<u> </u>	000	<u> </u>
		Forn	こっちい	(2019

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 on Schedule O. See instructions

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  1f there are natical differences in lovely rights among members of the governing body, or if the governing body delegated troad submorty to an excuted committee or similar committee, replain on Schedule 0.  1b Enter the number of voting members necluded on line 1a, above, who are independent  2 Did any officer, director, trustee, or key employees are a family relationship or a business relationship with any other officers, director, it rustees, or key employees are a family relationship or a business relationship with any other officers, directors, trustees, or key employees as a family relationship or a business relationship with any other officers, directors, fusitees, or key employees to a management company or other person?  2 Did the organization become evaire during the year of a significant changes to sta governing discounterest sanche prior Form 990 was filed?  3 Did the organization have members, stockholders, or often persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or often persons who had the power to elect or appoint one or more members of the governing body?  6 Did the organization have members, stockholders, or often persons who that the power to elect or appoint one or more members of the governing body?  8 Did the organization have members, stockholders, or often persons who that the power to elect or appoint one or more members of the governing body?  8 Did the organization that the members of the power to elect or appoint one or more members of the governing body?  8 Did the organization that the members of the governing body?  9 Did the organization that the prior of the power to elect or appoint one or more members of the governing body?  9 Did the prior officer, director, trustee, or key employees the names and addresses on Schedule O  9 Did the organization have a winte		Check if Schedule O contains a response or note to any line in this Part VI			X
a Enter the number of voting members of the governing body at the end of the tax year  If there are materal differences in voting rights among members of the governing body, or if the governing body delegated troad authority to an executive committee or smalar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent  District the number of voting members included on line 1a, above, who are independent  District the number of voting members included on line 1a, above, who are independent  District the number of voting members included on line 1a, above, who are independent  District the number of voting members included on line 1a, above, who are independent  District the number of voting members explored on line 1a, above, who are independent  District the organization the very employee?  Did the organization have members or stockholders or of the organization is seen the governing body and the organization have members or stockholders?  Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization or the organization organization states of the organization organization organization states of the organization organization organization states of the organization organ	Sec	tion A. Governing Body and Management			
If there are material differences in veloning reliats among members of the governing poody, or if the governing body of deligible to the authority to an executive committee or similar committee, epilain on Schedule 0.  b Enter the number of voting members included on in a 1s, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person?  3 Did the organization nake any significant changes to fits governing documents since the prior Form 990 was filed?  4 Did the organization have members or stockholders?  5 Did the organization have members or stockholders?  6 Did the organization have members or stockholders?  7 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?  8 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?  9 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  9 To the organization have members of the governing body?  10 Did the organization and the organization reserved to for subject to approval by) members, stockholders, or persons other than the governing body?  10 Did the organization have without the meetings held or written actions undertaken during the year by the following:  10 Did the organization have an action of the governing body?  11 Since the organization have local chapters, branches, or affiliates?  12 Difference the provider of the control of the governing body?  13 Difference to serve their organization have written policies and procedures governing the activates of such chapters, affiliates, and branches to				Yes	No
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3738 BAYER AVE. SUITE 102, LONG BEACH, CA 90808		CHRISTINE HALEY, PRESIDENT/CEO - (562) 498-6057			
		3738 BAYER AVE. SUITE 102, LONG BEACH, CA 90808		000	

# 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

  See instructions for the order in which to list the persons above.

Check this box if neither the organization		(C)				nper	isai			(F)
(A) Name and title	(B) Average	İ		Pos	ition	1		(D) Reportable	<b>(E)</b> Reportable	(r) Estimated
name and title	hours per	(do	o not chec		heck more than on ss person is both		one h an	compensation	compensation	amount of
	week	offic	cer an	nd a director/trustee)			tee)	from	from related	other
	(list any	Ę						the	organizations	compensation
	hours for	ig a				2		organization	(W-2/1099-MISC)	from the
	related	stee	uste			ensa		(W-2/1099-MISC)	·	organization
	organizations	al tru	anal t		olo ye	8 g		}		and related
	below line)	Individual trustee or director	institutional trustee	Office.	Key employee	Highest compensated employee	Former			organizations
(1) ALFRED SOUDER	1.00		_	_			_	_	_	
CHAIRMAN		X						0.	0.	0.
(2) PATRICK TILLET	1.00						İ			
VICE CHAIRMAN		X						0.	0.	0.
(3) CARNELL DUNSTON	1.00					Γ				
SECRETARY		X						0.	0.	0.
(4) MICHAEL KARLSON	1.00				ļ				_	
TREASURER		X		_	<u> </u>		_	0.	0.	0.
(5) KENNETH RULE	1.00		ĺ							
BOARD MEMBER		X			<u>L</u> .	<u> </u>		0.	0.	0.
(6) SHARON BERGERON	1.00									•
SUPV CMTE CHAIRPERSON		X				ļ_		0.	0.	0.
(7) JERRY HARDISON	1.00	ļ							_	•
SUPV CMTE MEMBER	1	X	_	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(8) CHRISTINE CHAVIRA	1.00	١								0
SUPV CMTE MEMBER		X	_	L	L.	_	_	0.	0.	0.
(9) CHRISTINE HALEY	50.00	1		l				1.60 050	0.	17 400
PRESIDENT/CEO		<u> </u>	ļ	Х	L	_	<u> </u>	168,952.	U •	17,426.
(10) KEN PETERSON	50.00	4		١,,				144 442	0.	14,484.
VICE PRESIDENT		-	┡	X		╄	_	144,442.	<u> </u>	14,404.
		4		ļ		1			Ì	
		-	├	├	┢	╁	⊢	<del></del>		
		┨								
	-	<del>                                     </del>		┢		T				
		1_	<u> </u>	<u> </u>		╙	ļ			
		1								
		$\vdash$	╁╌		$\vdash$	1				
		1_	$oxed{oxed}$	L	$oxed{oxed}$	<u> </u>	<u> </u>			
	-	-								
			$\vdash$	T	T	<del> </del>	$\vdash$			
				<u>L</u>		L			<u> </u>	- 000 (00)

Form 990 (2019)

95-0945085

	Gection A. Officers, Directors, Trus	stees, Key Elli	צטיק	662	, an	u ni	igne	31 (	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average	,,,		Pos	C) itior	1		(D) Reportable	(E) Reportable		Es	(F)	ed
		hours per	box	, unle	ss pe	rson	than is bot	th an	compensation	compensation			nount	
		week (list any	$\vdash$	cer ar	10 a 0	recto	or/trus	100)	⊣ <sup>irom</sup>	from related	ł		other	
		hours for	direct				- E		the organization	organizations (W-2/1099-MISC	a l		pensa om th	
		related	tee or	ustee			ensate		(W-2/1099-MISC)	(	´		anızat	-
		organizations below	lal trus	onal tr		oloyee	g 93						d relat	
		line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		]		orga	anızatı	ons
			Ī	_		×		Ī			$\dashv$		··	
		<del> </del>	├	-		_	ļ	<b> </b>			$\dashv$			
		ļ	1											
											寸	<del></del>		
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>	-	-	-		<del> -</del>			$\dashv$			
			_				-	_			$\dashv$			
											ightharpoons			
			'											
											$\exists$			
						-		-			$\dashv$			
	Subtotal			<u> </u>			L_		313,394.		0.		1,9	10.
	Total from continuation sheets to Part V	II. Section A							0.		0.1		<del>- , ,</del>	0.
	Total (add lines 1b and 1c)							<u> </u>	313,394.	(	0.	3	1,9	10.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed al	bove	e) wl	ho r	received more than \$100	0,000 of reportable				
	compensation from the organization		_								_		Yes	No
3	Did the organization list any former officer	, director, trust	ee, l	кеу (	emp	loye	e, o	r hig	ghest compensated emp	ployee on	ſ		103	
	line 1a? If "Yes," complete Schedule J for	such individual		-								3		X
4	For any individual listed on line 1a, is the s	•		•					•	the organization				l
_	and related organizations greater than \$15										-	4	X	<u> </u>
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							relat	ted organization or indiv	idual for services	ŀ			x
Sec	tion B. Independent Contractors	ipiete Scriedui	<i>e                                    </i>	UI SI	ucn	pers	3011	-		5.7		_ 3		
1	Complete this table for your five highest or	ompensated in	depr	ende	ent c	onti	racto	ors i	that received more than	\$100,000 of comp	ens:	ation f	rom	
	the organization Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithii	n the organization's tax	year				
	(A) Name and business	address							(B) Description of s	senvices	Cı	(C	) nsatio	חה
SHZ	ARE ONE, 1790 KIRBY PA		TT	rE	2.0	0.0		-	200011211011011	30.71000				<del></del>
	MPHIS, TX 38138						•	-	PROCESSOR			11	8,1	79.
	COOPERATIVE SYSTEMS,	N	$\neg$											
AVI	ENUE, RANCHO CUCAMONGA	, CA 91'	<u>73(</u>	)					ATM PROCESSO	OR		10	5,3	<u> 29.</u>
										[				
								-						
	Total number of independent contractors (	including but =		mitc	d to	the		stor	d above) who received a	nore than				
2	\$100,000 of compensation from the organ		UL III	е	u 10		2 2	ر <del>در</del> (		nore man				
											١	Form	990 (	2019)

			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
			Officer if Schedule O Contains a response v	or note to any in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
0 0			<del></del>					500110110 0112 011
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a		ļ			l '
S S			Membership dues 1b		}			·
Αţ		С	Fundraising events 1c					<b>j</b>
اقِق		d	Related organizations 1d	<del></del>				
Ş.Ë		е	Government grants (contributions) 1e					
ig ig		f	All other contributions, gifts, grants, and					
혈			similar amounts not included above 1f					
받		g	Noncash contributions included in lines 1a-1f 1g \$					,
3 E		h	Total. Add lines 1a-1f	<b>•</b>				
				Business Code				
9	2	а	INCOME FROM LOANS	522100	1,232,733.	1,232,733.		
ا کے ا		b	FEE INCOME	522100	520,928.	519,963.	965.	
S ž		c	OTHER OPERATING INCOME	522100	45,982.	44,435.	1,547.	
E S		d			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Program Service Revenue		_					·	
포		•	All other program service revenue					
			Total. Add lines 2a-2f		1,799,643.			
$\rightarrow$	_	<u>g</u>	Investment income (including dividends, intere					
1	3		·	st, and	991,165.	991,165.		
			other similar amounts)	aaaada 📗	JJ1,103.	331,1030		
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties	(II) Personal			l	
			(i) Real	(II) Personal				
	6	-	Gross rents 6a	<u>.                                    </u>	-			
			Less rental expenses 6b		ł			1
			Rental income or (loss) 6c					
			Net rental income or (loss)	<b>_</b>				
	7	а	Gross amount from sales of (i) Securities	(II) Other	4		İ	
			assets other than inventory   7a					
		b	Less, cost or other basis					
Ę			and sales expenses 7b		1			
ě		С	Gain or (loss) 7c					
ä		d	Net gain or (loss)	<b></b>				
Other Revenue	8	а	Gross income from fundraising events (not		-			
ŏ			including \$ of					
			contributions reported on line 1c) See					
			Part IV, line 18					
		b	Less direct expenses 8b					
		С	Net income or (loss) from fundraising events	<b>•</b>				
			Gross income from gaming activities. See					
			Part IV, line 19					
		h	Less direct expenses 9b		1			Ì
			Net income or (loss) from gaming activities	<b></b>				<u> </u>
			Gross sales of inventory, less returns					
		•	and allowances	,				
		_		<del></del>	1			
			Less cost of goods sold  Net income or (loss) from sales of inventory	1	<del></del>			
_		ŭ	iver income or tioss) from sales of inventory	Business Code	<del>                                     </del>	<del>-</del>		
Sn	مد	_	PROVISION FOR LOAN & L	522100	21,331.	21,331.		<del>                                     </del>
ned iue	11	-	OTHER NON OPERATING IN	522100	1,295.		<del>                                     </del>	
Miscellaneous Revenue		þ	OTHER HON OPERATING IN	322100	1,255	1,255	<del> </del>	<del></del>
Sce		С.	All 11			1	<del> </del>	<del></del>
Ξ			All other revenue		22,626.		<del> </del>	<del>                                     </del>
		e	Total. Add lines 11a-11d		2,813,434.	2 810 022	2,512.	0.
	12		Total revenue. See instructions	▶	44 , しょう , せりせ・	14, UIU, J44.	1 2,312,	

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Form **990** (2019)

		All other organizations must con	

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(b)
7b,	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	250			
	and domestic governments. See Part IV, line 21	250.		<u> </u>	<del></del>
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				<del></del>
4	Benefits paid to or for members		·····		·
5	Compensation of current officers, directors,	313,394.			
_	trustees, and key employees	313,334.			<del></del>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			]	
7	persons described in section 4958(c)(3)(B)	496,195.			
7	Other salaries and wages Pension plan accruals and contributions (include	490,1930			
8	section 401(k) and 403(b) employer contributions)			ļ	
9	Other employee benefits	208,413.	·		
9 10	Payroll taxes	78,371.			
11	Fees for services (nonemployees)	, , , , , , , ,			
	Management				
b		31,613.	<del></del>		
	Legal Accounting	33,762.			
d	Lobbying	33,7021			
٥	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g				· · · · · · · · · · · · · · · · · · ·	
9	column (A) amount, list line 11g expenses on Sch O.)	326,355.			
12	Advertising and promotion	171,978.			
13	Office expenses	497,593.			
14	Information technology	24,508.			
15	Royalties				
16	Occupancy	50,182.			
17	Travel	24,741.			
18	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials	İ			
19	Conferences, conventions, and meetings				
20	Interest	132,028.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	155,960.			
23	Insurance				
24	Other expenses. Itemize expenses not covered				,
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		•		
	amount, list line 24e expenses on Schedule 0.)		·		
а	LOAN SERVICING EXPENSE	82,914.			
b	MISC OPERATING EXPENSES	55,498.			
С	OPERATING FEES AND ASSO	11,579.			
ď					
е					
25	Total functional expenses. Add lines 1 through 24e	2,695,334.			
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)				Form <b>990</b> (201

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14 CA	πX	Check if Schedule O contains a response or not	e to any line in this Part X	· <del></del>		
		25.1223.5 C 35.114.115 & 1.50por136 of Hot	and the state of t	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	· · · · · · · · · · · · · · · · · · ·	632,458.	1	707,558
	2	Savings and temporary cash investments		2,886,625.	2	3,653,643
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or		•		
	•	trustee, key employee, creator or founder, subst		1	1	
		controlled entity or family member of any of thes	·	5	<del></del>	
•	6	Loans and other receivables from other disquali	•			
	"	under section 4958(f)(1)), and persons described	•		6	
	7	Notes and loans receivable, net		7		
Assets	_	Inventories for sale or use			8	<del></del>
Asi	8			75,575.	9	61,575
	9	Prepaid expenses and deferred charges	l f	73,373.	9	01,373
	iva	Land, buildings, and equipment cost or other	10a 3,260,28	17		
	١.	basis Complete Part VI of Schedule D	0.00	2,444,137.	10c	2,337,393
	b	Less accumulated depreciation	10b 922,89	2,444,137.		2,331,393
	11	Investments - publicly traded securities			11	·
	12	Investments - other securities See Part IV, line 1		68,374,225.	12	64,632,090
	13	Investments - program-related See Part IV, line	11	66,374,223.	13	04,032,090
	14	Intangible assets	1 500 330	14	461 440	
	15	Other assets See Part IV, line 11		1,522,330.	15	461,449
	16	Total assets. Add lines 1 through 15 (must equa	al line 33)	75,935,350.	16	71,853,708
	17	Accounts payable and accrued expenses		90,931.	17	90,688
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete 8			21	
es	22	Loans and other payables to any current or form	er officer, director,	1		
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	· ·
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa	ables to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		66,890,272.		62,690,773
	26_	Total liabilities. Add lines 17 through 25		66,981,203.	26	62,781,461
		Organizations that follow FASB ASC 958, che	ck here 🕨 🗀			
ĕ		and complete lines 27, 28, 32, and 33.			]	
<u>a</u>	27	Net assets without donor restrictions			27	
ğ	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗓			
ĭ		and complete lines 29 through 33.				
Ö V	29	Capital stock or trust principal, or current funds	0.	29	0	
set	30	Paid-in or capital surplus, or land, building, or ed	0.	30	0	
ASS	31	Retained earnings, endowment, accumulated in	8,954,147.	31	9,072,247	
Net Assets or Fund Balances	32	Total net assets or fund balances	8,954,147.	32	9,072,247	
_	33	Total liabilities and net assets/fund balances		75,935,350.	33	71,853,708
	1 22	Total liabilities and her assets/fully balafices	<del></del>			Form <b>990</b> (201

	990 (2019) POSTCITY FINANCIAL CREDIT UNION	95-	<u>09450</u>	85	Pag	<sub>je</sub> 12
Pai	t 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		813		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	695		
3	Revenue less expenses Subtract line 2 from line 1	3				00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	954	, 14	<u>47.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,		_			
	column (B))	10	9,	072	2,24	<u>47.</u>
Pai	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					Ì
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	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				1	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basıs,				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		}_			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audıt,	1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Au	dıt	1		
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired auc	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form !	9 <b>90</b> (	(2019)

## SCHÈDULE C

(Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2019
Open to Public Inspection

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 5 Name of orga				Emplo	oyer identification number
Doubl Al		Y FINANCIAL CREDITED TO THE PROPERTY OF THE PR		r is a section 527 or	95-0945085
		zation's direct and indirect political		Part IV	250.
	er hours for political campa				
Part I-B		ganization is exempt under			
	•	incurred by the organization under		<b>▶</b> \$	
	•	incurred by organization managers		▶\$	
	•	on 4955 tax, did it file Form 4720 fo	r this year?		Yes No
	correction made?				└─ Yes └─ No
ь if "Yes," Part I-C	describe in Part IV	ganization is exempt unde	r section 501(c)	except section 5016	c)(3).
	<u> </u>	d by the filing organization for secti			<u> </u>
		a by the filling organization for sectionization's funds contributed to othe			
		►\$	250.		
•	function activities	s Add lines 1 and 2 Enter here and	t on Form 1120-POL	• •	<del></del>
line 17b		S Add lines 1 and 2 Lines here and	2 011 1 01111 1 1 2 0 1 0 <b>C</b> ,	▶\$	250.
	filing organization file <b>Form</b>	1120-POI for this year?		• •	X Yes No
made pa contribu	ayments For each organizations received that were p	mployer identification number (EIN) ation listed, enter the amount paid f romptly and directly delivered to a additional space is needed, provid	rom the filing organiza separate political orga	ition's funds. Also enter th nization, such as a separa	e amount of political
	(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-
CCUL- I	PAC	ONTARIO, CA 91761	94-2329967	250.	0.
					1

932041 11-26-19

LHA

Schedule C (Form 990 or 990-EZ) 2019

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

Schedule C (Form 990 or 990-EZ) 2019 PC					945085 Page 2	
Part II-A Complete if the organ section 501(h)).	nization is exe	mpt under sectio	n 501(c)(3) and fil	ea Form 5/08 (e	lection under	
A Check If the filing organization expenses, and share of	of excess lobbying	expenditures)		group member's nam	ne, address, EiN,	
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to influer	nce public opinion (	grassroots lobbying)				
	b Total lobbying expenditures to influence a legislative body (direct lobbying)					
c Total lobbying expenditures (add line	•	, , , , , ,			_	
d Other exempt purpose expenditures	•					
e Total exempt purpose expenditures (	add lines 1c and 1c	<b>d)</b>				
f Lobbying nontaxable amount Enter t			h columns			
If the amount on line 1e, column (a) or (	) is: The lob	bying nontaxable am	ount is:			
Not over \$500,000	20% of	the amount on line 1e			'.	
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	ess over \$500,000			
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.			
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000	i		
Over \$17,000,000	\$1,000,	000		•	1	
g Grassroots nontaxable amount (enter	25% of line 1f)					
h Subtract line 1g from line 1a If zero o	or less, enter -0-					
i Subtract line 1f from line 1c If zero o	r less, enter -0-					
J If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720	-		
reporting section 4911 tax for this ye	ar?			L	Yes No	
(Some organizations that	made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total	
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))		,		r		
c Total lobbying expenditures	<u> </u>					
d Grassroots nontaxable amount						
e Grassroots ceiling amount	· <del></del>		, , ,			
(150% of line 2d, column (e))			,			
f Grassroots lobbying expenditures						

# Schedule C (Form 990 or 990-EZ) 2019 POSTCITY FINANCIAL CREDIT UNION 95-0945085 Page 3 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	(8	3)	(t	o)
of the lobbying activity	Yes	No	Amo	ount
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?			,	
<ul><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li><li>c Media advertisements?</li></ul>			<del></del>	
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?				<del></del>
j Total Add lines 1c through 1:	-			i
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_lf 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), sec	tion 501(c)	(5), or se	ction	
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 campaign activity expenditures from			- 4	
Part III-B Complete if the organization is exempt under section 501(c)(4), sec 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere				e 3 is
answered "Yes."		. (5)	,	0 0, 10
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itıcal			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
<b>b</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				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	d political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information		5		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated groinstructions), and Part II-B, line 1 Also, complete this part for any additional information  PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS IN  CCUL- PAC			and 2 (see	
2855 E. GAUSTI ROAD SUITE 600 ONTARIO, CA 91761				<u> </u>
				<u> </u>
		lo C (Form		

## 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

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 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 fi	unds
	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 a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education) 🔲 Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	janization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements	rt holds?	└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva	ation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		L Yes                No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense state	tement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
_	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collections of		r Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and t	balance sheet works
	of art, historical treasures, or other similar assets held for pu		erance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherai	nce of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre	=	n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
<u>b</u>	Assets included in Form 990, Part X	·	<u>▶ \$</u>
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

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Par	t III   Organizations Maintaining C	ollections of A	rt, Hist	orical T	reasures, o	r Other	Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of th	e following that	t make sigi	nificant	use of its	:	
	collection items (check all that apply)									
а	Public exhibition	d	· Щ∟	oan or ex	change progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ey further	the organization	on's exemp	t purpo	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	storical tre	easures, or othe	er sımılar a	ssets	_	_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	ization's	collection?				Yes	<u> No</u>
Par	t IV Escrow and Custodial Arran		ete if the	organızat	ion answered "	Yes" on Fo	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	contribution	ons or other as:	sets not in	cluded	_	_	
	on Form 990, Part X?							L_	」 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or	custodial acco	unt liability	?		Yes	U No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanatio	n has bee	en provided on	Part XIII				
Par	t V Endowment Funds. Complete it	the organization ar	swered '	'Yes" on I	Form 990, Part	IV, line 10.				
		(a) Current year	<b>(b)</b> Pr	or year	(c) Two year	s back (d)	Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses					I				
d	Grants or scholarships									
	Other expenditures for facilities				1					
	and programs									
f	Administrative expenses							-		
g	End of year balance				1					
2	Provide the estimated percentage of the curi	rent year end baland	ce (line 1g	g, column	(a)) held as					
а	Board designated or quasi-endowment	•	%	-						
	Permanent endowment	%								
		<del></del> %								
_	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation tha	t are held	and administe	red for the	organi	zation		
	by	· ·					_		Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on So	chedule F	32				3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm				·					<del></del>
	Complete if the organization answere		0, Part IV	, line 11a	See Form 990	, Part X, Iır	ne 10			
	Description of property	(a) Cost or o			st or other	(c) Acc		ed	(d) Book	/alue
	2000p.i.o. or proporty	basis (investi			s (other)		ciation			
12	Land	<del>-  </del>			47,505.	- <del></del>		1		,505.
	Buildings	<del></del>	1		33,776.	24	12,5	31.	1,391	
	Leasehold improvements			<u></u>						· · · · · ·
	Equipment		<del> </del>	8	79,006.	68	30,3	63.	198	,643.
	Other									
	Add lines 1s through 1e (Column (d) must e	gual Form 990 Part	X colum	nn (B) line	10c)			<b>•</b>	2,337	,393.

Schedule D (Form 990) 2019	POSTCITY	FINANCIAL CREI					
Part VII Investments - 0	Other Securities	5.					
Complete if the organization answered "Yes" on Form 990, Part							
(a) Description of security or category	urity) (b) Book value						
(1) Financial derivatives	•						

Complete if the organization answered "Yes" of	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	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) INVESTMENTS IN CUSOS	45,000.	COST
(2) ASI DEPOSIT RESERVE	899,545.	COST
(3) LOANS	24,948,545.	END-OF-YEAR MARKET VALUE
(4) DEPOSITS IN		
(5) BANK/S&LS/SAVINGS		
(6) BANKS/OTHER CUS	37,489,000.	COST
(7) CORPORATE CU DEPOSITS	1,250,000.	COST
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	64,632,090.	

### 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)	<b>&gt;</b>

## 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	3,585.
(3) MEMBER SHARES	62,687,188.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	62 600 772
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 62,690,773.

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 FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE CREDIT UNION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN EXAMINED" BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS DEEMED TO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD SHOULD BE RECORDED AS A TAX EXPENSE AND LIABILITY IN THE CURRENT YEAR. FOR THE YEAR ENDED JUNE 30, 2020, MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	POSTCITY	FINANCIAL	CREDIT	UNION	95-0945085 Page 5
Part XIII	(Form 990) 2019 <b>Supplemental Infor</b>	mation (continue	od)			<u></u>
	Cappionicina, inter	THE CONTRACT				
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## **SCHEDULE J** (Form 990)

Part I

## **Compensation Information**

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

Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

Employer identification number POSTCITY FINANCIAL CREDIT UNION 95-0945085

			Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	Г		1
*CI	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			l
	First-class or charter travel  Housing allowance or residence for personal use			ļ
	Travel for companions  Payments for business use of personal residence			- 1
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			- }
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			- 1
	Discretionary spending account ————————————————————————————————————			-
_	If any of the house as line to are checked, did the organization follows written policy regarding payment or		:	- 1
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1b		
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		v •	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	-	-	
_				
3	Indicate which, if any, of the following the 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		-	1
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			l
	The state of the s			1
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	4-		$\overline{\mathbf{x}}$
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		$\frac{\Lambda}{X}$
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
	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	1		
	contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b	ļ	
	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			ļ
	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			1
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			آ
-	Regulations section 53 4958-6(c)?	9	<u> </u>	
	Colonial Colonia Colonial Colonial Colonial Colo			0010

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 POSTCI

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 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

(i) Base compensation
165,784.
129,966.
0.
1

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

POSTCITY FINANCIAL CREDIT UNION

Employer identification number 95-0945085

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
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
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
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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
ECONOMIC AND SOCIAL CONDITIONS. AS A COOPERATIVE, POSTCITY FINANCIAL CREDIT UNION CONDUCTS ITS BUSINESS FOR THE MUTUAL BENEFIT AND GENERAL
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.
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.

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ}. \\$ 

Schedule O (Form 990 or 990-EZ) (2019)

**Employer identification number** 95-0945085

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:

932212 09-06-19

Name of the organization POSTCITY FINANCIAL CREDIT UNION	Employer identification number 95-0945085
OTHER PROFESSIONAL FEES	326,355.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	326,355.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PRO	CESS OR
SELECTION PROCESS DURING THE TAX YEAR.	
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