DLN: 93493307026810

OMB No. 1545-0047

2019

Department of the

Treasury

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

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

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

Open to Public Inspection

Address change ARROWHEAD CENTRAL CREDIT UNION 95-1662	e number 79-6897 ceipts \$ 103,395,803 curn for		
Dame change Initial return Papilization pending Papilization Papil	e number 79-6897 ceipts \$ 103,395,803 curn for	3	
Divide return Pental retu	79-6897 ceipts \$ 103,395,803 curn for	3	
Application pending	79-6897 ceipts \$ 103,395,803 curn for	3	
Application pending S686 HAVEN AVENUE (909) 37	urn for	3	
EX. Contributions and grants (Part Vill, line 1h) 1	urn for	3	
F Name and address of principal officer: DARIN WOINAROWICZ 8868 HAVEN AVENUE RANCHO CUCAMONGA, CA 91730 H(a) Is this a group reta subcordinates? RANCHO CUCAMONGA, CA 91730 H(b) Group exemption of granization: Sol(c)(3) Sol(c) (14) \$\frac{1}{2}\$ (insert no.) \$\frac{1}{2}\$ 4947(a)(1) or \$\frac{1}{2}\$ 527 H(b) Group exemption of organization: Corporation \$\frac{1}{2}\$ Trust \$\frac{1}{2}\$ Association \$\frac{1}{2}\$ Other \$\rightarrow\$ CREDIT UNION \$\frac{1}{2}\$ Leave of formation: 1949	curn for	3	
DARIN WOINAROWICZ S866 44/VEN AVENUE S866 44	□Ye		
See HAVEN AVENUE RANCHO CUCAMONGA, CA 91730 Tax-exempt status: Sol(c)(3) Sol(c) (14) (Insert no.) 4947(a)(1) or 527 H(b) Are all subordinates?		_	
Tax-exempt status:		es 🗹 No	
Websiter WWW.ARROWHEADCU.ORG	\ \ \ \ \ \ \	es 🗆 No	
Part Summary	•	ons)	
Part Summary	number >		
Briefly describe the organization's mission or most significant activities: A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT AND SAVINGS AMONG ITS MEMBERS Check this box	M State of legal do	micile: CA	
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2 Check this box			
4 Number of independent voting members of the governing body (Part VI, line 1b)	5.		
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B Net unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 Signature Block Signature Block Juder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of pre	3	9	
B Net unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 Signature Block Signature Block Juder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of pre	4	503	
B Net unrelated business taxable income from Form 990-T, line 39 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 31 Signature Block Signature Block Juder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of preparer (other than officer) is based on all information of pre	5	503	
B Net unrelated business taxable income from Form 990-T, line 39	6	050.665	
Prior Year 8 Contributions and grants (Part VIII, line 1h)	7a 7b	950,665	
8 Contributions and grants (Part VIII, line 1h)	Current		
9 Program service revenue (Part VIII, line 2g)	0	. rear	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		74,400,49	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		12,333,24	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 77,572,90 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		756,74	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		87,490,480	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 32,701,69 Beginning of Current Ye 20 Total assets of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations.	0		
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	,229 32,148,349		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	0		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12			
19 Revenue less expenses. Subtract line 18 from line 12	96	38,799,50	
20 Total assets (Part X, line 16)	25	70,947,85	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, chowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations.	81	16,542,62	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, chowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations.	ear End of	Year	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations.	11 14	91,798,53	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, chowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all informations.			
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any knowledge.	ition of which pre	parer has	
I.			
***** Signature of officer Date			
sign / ·			
TONY SAWAYA SVP/CFO Type or print name and title			
	TIM		
Check ☐ if po	TIN 01054153		
Paid self-employed Propager Firm's name ► TURNER WARREN HWANG & CONRAD ACCTCY Firm's EIN ► 95-4	4083485		
Hea Only			
Use Only Firm's address ► 100 NORTH FIRST ST STE 202 Phone no. (818) 9.	54-9700		
BURBANK, CA 91502			

Form	990 (2019)				Page 2
Pa	rt III Stateme	ent of Program Service Acc	complishments		
	Check if S	chedule O contains a response or	note to any line in this Part III		🗹
1		ne organization's mission:	·		
FOR OWN CENT	THEM AT RÁTES OF MONEY ON A DEM RAL CREDIT UNIO	FINTEREST SET BY THE BOARD (OCRATIC BASIS IN ORDER TO IN N CONDUCTS ITS BUSINESS FOR	OMOTING THRIFT AND SAVINGS AMO OF DIRECTORS, AND PROVIDING AN (IPROVE THEIR ECONOMIC AND SOCIA THE MUTUAL BENEFIT AND GENERAL ON BEING DISTRIBUTED TO ITS MEM	OPPORTUNITY FOR THEM TO US AL CONDITIONS. AS A COOPER L WELFARE OF ITS MEMBERS W	SE AND CONTROL THEIR ATIVE, ARROWHEAD
2	Did the organizat	ion undertake any significant pro-	gram services during the year which v	vere not listed on	
	-	, -			☐ Yes ☑ No
		these new services on Schedule			
3	Did the organizat	ion cease conducting, or make si	gnificant changes in how it conducts, a	any program	
	services?				☐ Yes 🗹 No
	If "Yes," describe	these changes on Schedule O.			
4	Section 501(c)(3)		nplishments for each of its three large required to report the amount of gra ervice reported.		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data				·
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	ervices (Describe in Schedule O.)			
	(Expenses \$	including	grants of \$	(Revenue \$)
4e	Total program s	service expenses ▶			

15

17

18

19

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Yes

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

Form	990 (2019)			Page 3
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
		1	(1 —

b Was the organization included in consolidated, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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

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

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

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

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

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

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

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

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

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

	990 (2019)			Page 4		
Pai	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b				
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No		
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes			
Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
1 >	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19,755		Yes	No		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
-	(gambling) winnings to prize winners?	1c	Yes			

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

orm	990 (2019)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	ines
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
10	CA Castian 6104 requires an experientian to make its Form 1023 (or 1024 A if applicable), 000, and 000 T (F01/a)(2)a			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial 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: TONY SAWAYA SVPCFO 8686 HAVEN AVENUE RANCHO CUCAMONGA, CA 91730 (909) 379-6897			n (2019)

(16) WILLIAM WAGNER

(17) ANN WADAGNOLO

SVP OPERATIONS

SVP CRO

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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 - List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization	•	-						,		,	
 List all of the organization's former director organization, more than \$10,000 of reportable control 											
See instructions for the order in which to list the	•		Jiyan	IIZati	1011 6	anu ai	iy i e	elated organizations	.		
☐ Check this box if neither the organization no	•		ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.		
(A) Name and title	(B) Average hours per week (list any hours	(B) Average Position (do not check more than one box, unless week (list person is both an officer			(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	related organizations	
(1) THOMAS POTTER BOARD CHAIRMAN	2.00	Х						0	0	0	
(2) JOHN MCCORMACK BOARD VICE CHAIRMAN	2.00	X						0	0	0	
(3) DAN HYNES BOARD SECRETARY	2.00	х						0	0	0	
(4) PATRICIA COLE BOARD TREASURER	2.00	X						0	0	0	
(5) SHERRY KENDRICK BOARD MEMBER	2.00	X						0	0	0	
(6) TIM MCHARGUE BOARD MEMBER	2.00	X						0	0	0	
(7) BETH BOCKENHAUER BOARD MEMBER	2.00	Х						0	0	0	
(8) CATHLEEN FARRAR BOARD MEMBER	2.00	X						0	0	0	
(9) JAMES HALE BOARD MEMBER	2.00	X						0	0	0	
(10) WAYNE THIES BOARD MEMBER	2.00	Х						0	0	0	
(11) DARIN WOINAROWICZ PRESIDENT/CEO	40.00			x				1,087,645	0	118,437	
(12) ROBERTO MARTINEZ EVP COO	40.00			х				438,463	0	31,966	
(13) TANIOS SAWAYA SVP CFO	40.00			х				377,373	0	38,027	
(14) VAUGHN BOOK SVP CIO	40.00			х				317,932	0	21,608	
(15) EMILY FRIESEN SVP MARKETING	40.00			х				263,429	0	15,638	

40.00

40.00

Χ

37,836

13,777

0

0

258,367

257,478

Tall VIII	10, 11000000, 10	-,	p.0,		, -		,	t compensated Employees (cone			mucu	
(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ı ın of	t ch unle fice	eck mess pers r and a ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-		Estim amount of compen from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-Z/1099-	MISC)		ion and ied ations
(18) VALERIE HOPKINS	40.00			Х				216,339		0		16,285
SVP HUMAN RESOURCES				_				210,339				
(19) DAVID FISHER	40.00					Х		190,519		0		15,595
(20) TRACY MADSEN												
VP CONTROLLER						Х		164,471		0		8,982
(21) KANDI GOSE-ORTIZ VP CONSUMER LENDING	40.00					Х		158,023		0		17,038
(22) HUGO GUZMAN VP CREDIT RISK	40.00					Х		153,112		0		13,630
(23) THERESA HAINSWORTH VP OPERATIONS	40.00					Х		150,587		0		7,289
1b Sub-Total	t VII, Section A				1			4.022.720	0			256 100
d Total (add lines 1b and 1c) 2 Total number of individuals (including to of reportable compensation from the or	out not limited to					▶ who re	ceive	4,033,738 ed more than \$100,				356,108
											Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J t</i>			key e	emp •	loye •	e, or h	nighe	est compensated en	nployee on	3		No
4 For any individual listed on line 1a, is to organization and related organizations									ne			
individual		•		•	•	•	•			4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization?									lual for	5		No
Section B. Independent Contracto												
1 Complete this table for your five higher from the organization. Report compens										pen	sation	
Name an	(A) d business address							Descript	(B) ion of services		(C Comper	
SOUTHWEST BUSINESS CORPORATION								COLLECTION S			22	878,347
PO BOX 795027 SAN ANTONIO, TX 782795027												
LOOMIS HOLDING US INC DEPT 0757 PO BOX 120001								ATM'S AND BRA	SERVICING FOR AN		813,398	
DALLAS, TX 753120757 MENARD INC								GENERAL CONT	FRACTOR			786,362
PO BOX 357 YORBA LINDA, CA 92885 ADVANCED NETWORK								ATM SERVICIN				726,820
8940 ACTIVITY ROAD SUITE F SAN DIEGO, CA 92126								, THE SERVICING	-			, 20,020
ARCA TECH SYSTEMS LLC								IT SERVICES				616,595
1151 HOLMES ROAD MEBANE, NC 27302												

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 33

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

		(2019) Statement	of Boycon						Page 9
Part	VIII				sponse or note to any	/ line in this Part VIII			🗆
		Check ii Selice	Julie o conta		ponse of field to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	1:	a Federated campa	aigns	1a	1		revenue		312 - 314
ants		b Membership dues	s	11	<u> </u>				
500		c Fundraising even	ts	10					
ifts, ar A		d Related organizat	tions	10	i				
ons, Gifts, Grants Similar Amounts		e Government grants	(contribution	ns) 1 6					
ions	1	f All other contribution and similar amounts	ns, gifts, gra s not included	nts, d 11					
Contributions, Gifts, Grants and Other Similar Amounts	١,	aboveg Noncash contributio	ns included in		Ī				
a di		lines 1a - 1f:\$		19	<u> </u>				
Cont		h Total. Add lines 1	1a-1f	• •	•				
					Business Code	38,970,587	38,970,587		
æ	2a	INTEREST ON LOANS			522100	30,970,307	30,970,307		
nue/	Ь	OTHER OPERATING IN	NCOME		522100	20,632,210	20,371,467	260,743	
ē.	 	; FEE INCOME			522100	14,797,697	14,107,775	689,922	
Program Service Revenue					522100				
<u>%</u>	d	ı							
gran	e e								
ě									
		All other program							
	_	Total. Add lines 2			74,400,494 s, interest, and other	1	<u> </u>	I	T
	5	similar amounts) .			j i	12,311,80	0 12,311,800		
	l	Income from invest				•	_		
	3	Royalties		i) Real	(ii) Personal	•	+		
	_ ءء	Gross rents		,					
		Less: rental	6a						
		expenses	6b						
	C	Rental income or (loss)	6c						
	٠	Net rental income							
					(ii) Other				
	/a	a Gross amount from sales of assets other		768					
		than inventory							
	b	Less: cost or other basis and	7b	15,905,	323				
		sales expenses							
		Gain or (loss)	7c	21,			5 21,445		
		Net gain or (loss)Gross income from fu		_	· · · · >	21,44	21,443		
nue		(not including \$contributions reported	d on line 1c).	of of					
e <		See Part IV, line 18			За				
ž.	l	Less: direct expens		· ·	ВЬ				
Other Revenue	۱ ۹	Net income or (los	s) from fun	naraising	events •	7	+		
	9a	Gross income from g See Part IV, line 19							
	,	Less: direct expens		ــا)a Ib				
	l	Net income or (los		· L					
		- 6							
	10	a Gross sales of inve returns and allowa			Oa .				
	l t	Less: cost of goods	s sold .	. 10	ОЬ				
	٥	Net income or (los							
	11	Miscellaneou LaGAIN FROM BARG			Business Code 52210	563,29	1 563,291		
	l t	OTHER NON-OPER	RATING INC	OME	52210	193,45	193,450		
	١								
		All C							
		i All other revenue • Total. Add lines 1:		•					
		2 Total revenue. Se		one		756,74	1		
		- rotal revenue, 50	ce mountel	JII3 .	• • • • •	87,490,48	86,539,815	950,66	Form 990 (2019)

orr	n 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must c		_		umn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,033,738			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	20,662,500			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,587,163			
9	Other employee benefits	2,027,511			
10	Payroll taxes	1,837,437			
11	Fees for services (non-employees):				
a	a Management				
i	Legal	146,924			
•	Accounting	160,619			
(ilLobbying				
•	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees				_
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	208,879			
12	Advertising and promotion	748,107			
13	Office expenses	13,596,542			
14	Information technology	1,538,355			
15	Royalties				
16	Occupancy	2,520,782			
17	Travel	99,774			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,032,162			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,360,534			
23	Insurance	293,568			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a PROVISIONS FOR LOANS &	7,568,000			
	b MISCELLANEOUS OPERATING	4,418,814			
	c LOAN SERVICING EXPENSE	1,947,321			
	d OPERATING FEES	159,124			
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	70,947,854			
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 990 (2019)

1

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

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25

26

27

28

30

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets

28,834,651

159,018,146

10,087,323

1,783,737

29,943,386

518,115,633

722,609,884

21,405,778

50,697,476

1,491,798,538

1,238,809,333

1.289.506.809

0

0

202.291.729

202,291,729

1,491,798,538

Form 990 (2019)

(B)

End of year

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

Inventories for sale or use .

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

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

Accounts payable and accrued expenses

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

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

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

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

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

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

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

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

Retained earnings, endowment, accumulated income, or other funds

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

basis. Complete Part VI of Schedule D

Cash-non-interest-bearing			
Savings and temporary cash investments			
BL L L L L L L L			

- Pledges and grants receivable, net .
- Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

10a

10b

59,583,163

29,639,777

Beginning of year

22,524,559

110,462,228

10,036,077

1,176,693

29,925,085

442,133,402

688,091,519

18,216,048

33,317,337

1,322,565,611

1,114,941,705

1.148.259.042

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174.306.569

174,306,569

1,322,565,611

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

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

2c

3a

3h

Nο

Form 990 (2019)

Additional Data

Software ID:

FINANCIAL SERVICES TO SOUTHERN CALIFORNIA AND CERTAIN PARTS OF NEVADA AND ARIZONA - AT DECEMBER 31, 2019 WE HAD 166,561 MEMBERS - 66,359 LOANS,

Software Version:

EIN: 95-1682200

Name: ARROWHEAD CENTRAL CREDIT UNION

Form 990 (2019)

Form 990, Part III, Line 4a:

AND 240,662 SHARE ACCOUNTS.

SCHEDULE D

DLN: 93493307026810

OMB No. 1545-0047

2019

Supplemental Financial Statements

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

Department of the Treasury

(Form 990)

nterr	al Revenue Service	► Go to <u>www.irs.gov/Form99</u>	<u>90</u> for instruction	s and the latest info	rmation.	In	spection
	me of the orgar				Employer id	lentification	number
ARI	ROWHEAD CENTRAL	CREDIT UNION			95-1682200		
Pa	art I Organi	izations Maintaining Donor Advise	d Funds or Oth	er Similar Funds o	_		
		ete if the organization answered "Yes"					
			(a) Donor a	dvised funds	(b) Fun	ds and other	accounts
1	Total number at	end of year					
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	e of grants from (during year)					
4	Aggregate value	e at end of year					
5		ation inform all donors and donor advisors property, subject to the organization's exclu					Yes 🗌 No
6	charitable purp	ation inform all grantees, donors, and dono oses and not for the benefit of the donor or ,	donor advisor, or	for any other purpose (ermissible	Yes □ No
Pa		rvation Easements.					
		ete if the organization answered "Yes"					
1		onservation easements held by the organiz	` -	¬ · · · · ·			
		on of land for public use (e.g., recreation o	r education) L	☐ Preservation of an ☐	,	•	area
	☐ Protection	of natural habitat	L	☐ Preservation of a	certified histori	: structure	
	☐ Preservati	on of open space					
2	easement on th	2a through 2d if the organization held a qu ne last day of the tax year.				ation at the End o	of the Year
а		conservation easements			2a		
b	Total acreage re	estricted by conservation easements			2b		
С		ervation easements on a certified historic s		` '	2c		
d	structure listed	ervation easements included in (c) acquired in the National Register			2d		
3	Number of constax year ►	servation easements modified, transferred,	released, extinguis	hed, or terminated by	the organization	n during the	
4	Number of state	es where property subject to conservation e	easement is located	! ▶			
5		ization have a written policy regarding the nt of the conservation easements it holds?			of violations,	☐ Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspectin	ng, handling of viola	ations, and enforcing co	onservation eas	ements durir	ng the year
7	Amount of expe ▶ \$	enses incurred in monitoring, inspecting, ha	indling of violations	, and enforcing conser	vation easeme	nts during the	e year
8		ervation easement reported on line 2(d) ab 0(h)(4)(B)(ii)?			70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet,	scribe how the organization reports conserv and include, if applicable, the text of the fo n's accounting for conservation easements.	otnote to the orgar			and	_ NO
Pai		izations Maintaining Collections of ete if the organization answered "Yes"			er Similar A	ssets.	
1 a	art, historical tr	ion elected, as permitted under SFAS 116 (easures, or other similar assets held for pu XIII, the text of the footnote to its financia	blic exhibition, edu	cation, or research in f	atement and ba furtherance of p	lance sheet voublic service	vorks of ,
b	historical treasu	ion elected, as permitted under SFAS 116 (ures, or other similar assets held for public nts relating to these items:					
	(i) Revenue includ	ded on Form 990, Part VIII, line 1			▶\$		
		d in Form 990, Part X			_		
2	If the organizat	ion received or held works of art, historical nts required to be reported under SFAS 116	treasures, or othe	r similar assets for fina	_	/ide the	
а	_	ed on Form 990, Part VIII, line 1	,	-	▶\$		
h	Assets included	in Form 990. Part X					

Cat. No. 52283D

Schedule D (Form 990) 2019

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

d Equipment .

che	dule D	(Form 990) 2019										Page 2
ari	3111	Organizations Ma	aintaining Col	lections of Art,	Histori	cal Tı	reasu	res, or	Other	Similar As	ssets (co	ntinued)
3		the organization's acq (check all that apply):		n, and other record	ls, check	any of	the foll	lowing t	hat are a	significant u	use of its c	ollection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			e		Other					
c		Preservation for future	e generations									
4	Provid Part X	de a description of the	organization's col	llections and explai	n how the	ey furth	her the	organiz	ation's ex	kempt purpo	se in	
5		g the year, did the org s to be sold to raise fur									☐ Yes	□ No
Par	t IV	Escrow and Cust Complete if the or X, line 21.			orm 990	, Part	IV, lir	ne 9, or	r reporte	ed an amou		rm 990, Part
1a		organization an agent led on Form 990, Part I									☐ Yes	□ No
b	TE "Vo	s," explain the arrange	omant in Bart VIII	and complete the	following	+>blo:		[Λ	mount	
C		ning balance		,	_				1c	^	inount	
d	_	ons during the year .							1d			
e		butions during the year							1e			
f		g balance						1	1f			
2a		e organization include							ccount lia	ability?	□ Yes	
b		s," explain the arrange									_	
	rt V	Endowment Fund		. effect fiere if the	СХРІВІТИС	ion nas	Decii	provided	<u> </u>	XIII		
		Complete if the or		vered "Yes" on F	orm 990	, Part	IV, lir	ne 10.				
_				(a) Current year	(b) F	rior yea	ar (c) Two y	ears back	(d) Three ye	ars back (e	e) Four years back
	_	ing of year balance .										
		outions										
		estment earnings, gair	·									
е	Other e	or scholarships expenditures for facilition ograms										
	•	strative expenses .										
		year balance										
2		de the estimated perce		ent vear end halan	ce (line 1	a colu	mn (a)) held a	<u> </u>			
_		l designated or quasi-e	-	ene year ena balan	ce (IIIIe I	g, colui	····· (u)) ficia a	J.			
h		anent endowment >										
c		orarily restricted endov	wment >									
Ü		ercentages on lines 2a	***************************************	ld equal 100%.								
За	Are th	nere endowment funds ization by:			ation tha	t are h	eld and	d admini	istered fo	r the		Yes No
	(i) un	related organizations				•					3a(i)
		elated organizations .									3a(i	-
		s" on 3a(ii), are the re	-				.? .				3b	
1		ibe in Part XIII the inte			lowment	runds.						
Par	t VI	Land, Buildings, Complete if the or			orm 990	Part	T\/ lin	ne 11a	See Fo	m 990 ₽≥	rt X line	10
	Descri	ption of property	(a) Cost or oth	ner basis (b) Co	st or other					lepreciation		Book value
	,		(investme	ent)		•					_	
La	Land					7,43	34,338					7,434,338
	Building					24,61	15,750			6,971,513		17,644,237
С	Leaseh	old improvements				3,66	51,209			2,022,518		1,638,691

19,087,711

4,784,155

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

3,226,120

0

15,861,591

4,784,155

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part I\/ II.	ne 11h See Form 900	Part X line 12
	(a) Description of security or category	(b)	(c) Met	nod of valuation:
	(including name of security)	Book value	Cost or end-	of-year market value
	l derivatives			
(2) Closely- (3)Other	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, lir	ne 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
	ER INVESTMENT NS TO MEMBERS	-	5,753,789 698,631,645	<u> </u>
(3)LOANS H	IELD FOR SALE		428,896	F
	HARE INSURANCE DEPOSIT		11,729,203	C
	CAPITAL AT CORP 'S IN COMMERCIAL BANKS		698,666 1,891,685	<u>с</u> С
	MENTS IN NATURAL PERSON CU		3,476,000	C
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	722,609,884	
Part IX		D- T) (! -	- 44	
	Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, lin	e 11d. See Form 990, F	Part X, line 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			. •
Pait A	Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11e or 11f.See Forr	
1.	(a) Description of liability			(b) Book value
(1) Federal (2)	income taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 25.)			1,238,809,333
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check			_

Schedule D (Form 990) 2019

Page 4

1	lotal revenue, gains, and other s		1		
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on i	nvestments	2a		
b	Donated services and use of facili	ties	2b		
C	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII.) .		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:			
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒	4a		
b	Other (Describe in Part XIII.) .		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.))	5	
Par		penses per Audited Financial Staten zation answered 'Yes' on Form 990, Par	• • •	Return.	
1	Total expenses and losses per au	dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:			
а	Donated services and use of facili	ties	2a		
b	Prior year adjustments		2b		
c	Other losses		2c	7	
d	Other (Describe in Part XIII.) .		2d	7	
е	Add lines 2a through 2d			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	_
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:			_
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 🔒	4a		
b	Other (Describe in Part XIII.) .		4b	7	
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4	lc. (This must equal Form 990, Part I, line 18	.)	5	
Pai	t XIIII Supplemental Info	rmation			
Prov	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b. Also complete this part to provide	4; Part IV, lines 1b and 2b; Pa e any additional information.	rt V, line 4;	Part X, line 2; Part
	Return Reference		Explanation		
See A	Additional Data Table				

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

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 95-1682200

Name: ARROWHEAD CENTRAL CREDIT UNION

Supplemental Information Return Reference

Explanation

FASB ASC 740-10-65, INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURS E 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 APPLIC ABLE 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 YEARS ENDED DECEMBER 31, 2019 AND 2018, MANAGEMENT HAS DETERMINED THAT THE CREDIT UNION HAS NO MATERIAL UNCERTAIN TAX POSITIONS, AND ACCORDINGLY, THE CREDIT UNION HAS NOT RECORDED A LIABILITY FOR THE PAYMENT OF INTEREST OR PENALTIES.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49330	7026	810	
	edule J	C	ompensat	ion Information	0	MB No.	1545-0	0047	
(Forr	n 990)	► Complete if the or	Compensa ganization answ ► Attach	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV 1 to Form 990.	, line 23.	2019			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>ov/Form990</u> for	instructions and the latest infor	mation.	Open i Insc	ectio		
	ne of the organiza	ation			Employer identifica				
ARR	OWHEAD CENTRAL	CREDIT UNION			95-1682200				
Pa	rt I Questi	ons Regarding Compensa	ation		73 1002200				
	C	gg					Yes	No	
1a				f the following to or for a person liste by relevant information regarding the					
		s or charter travel		Housing allowance or residence for	personal use				
	_	companions		Payments for business use of perso					
		nification and gross-up paymen	ts 🔽	Health or social club dues or initiati					
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chau	ffeur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes		
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Lii	ne la?				
3	organization's C	EO/Executive Director. Check a	III that apply. Do i	ed to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	Compensa	ation committee		Written employment contract					
	☐ Independe	ent compensation consultant	\checkmark	Compensation survey or study					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	ation committee				
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	lified retirement plan?		4b	Yes		
C				nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	olicable amounts for each item in Par	t III.				
	Only E01(a)(2), 501(c)(4), and 501(c)(29) organizations	must complete lines E-0					
5	For persons liste			the organization pay or accrue any					
а	·	1?				5a			
a b						5b			
		5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section		the organization pay or accrue any					
а	The organization	1?				6a			
b	Any related orga	anization?				6b			
	If "Yes," on line	6a or 6b, describe in Part III.							
7				the organization provide any nonfixe rt III		7			
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8			
9				presumption procedure described in		9			
For D	Danarwork Body	iction Act Notice, see the In-	structions for Fo	orm 990 Cat No. 5	50053T Schedule	l /Forn	990)	2019	

Schedule J (Form 990) 2019

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

(A) Name and Title		(B) Brea	kdown of W-2 and/o compensation	or 1099-MISC	and other	(D) Nontaxable benefits	columns	(F) Compensation in
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on pric Form 990
See Additional Data Table								

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4B THERE IS A SUPPLEMENTAL RETIREMENT PLAN FOR THE CEO. THE CREDIT UNION OWNS THE ASSETS IN THE PLAN AND THE FIRST VESTING DATE IS IN 2021. THE SECOND VESTING DATE IS IN 2031. THE CREDIT UNION PROVIDES SPLIT DOLLAR LIFE INSURANCE ARRANGEMENTS FOR THE FOLLOWING CURRENT EXECUTIVE: DARIN WOINAROWICZ.

Schedule 1 (Form 990) 2019

(ii)

(i)

133,150

17,146

12THERESA HAINSWORTH

VP OPERATIONS

Software ID:

Software Version:

EIN: 95-1682200

Name: ARROWHEAD CENTRAL CREDIT UNION

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1DARIN WOINAROWICZ PRESIDENT/CEO	(i)	729,765	274,829	83,051	91,497	26,940	1,206,082	C
	(ii)	О	0	0	0	0	0	0
1ROBERTO MARTINEZ EVP COO	(i)	353,759	63,249	21,455	4,074	27,892	470,429	C
211 000	(ii)	0	0	0	0	0	0	
2 TANIOS SAWAYA SVP CFO	(i)	289,295	52,062	36,016	11,200	26,827	415,400	С
	(ii)	0	0	0	0	0	0	
3 VAUGHN BOOK SVP CIO	(i)	250,105	44,309	23,518	6,909	14,699	339,540	C
	(ii)	0	0	0	0	0	0	
4 EMILY FRIESEN SVP MARKETING	(i)	215,020	39,546	8,863	9,403	6,235	279,067	C
SVI PIARRETING	(ii)	0	0	0	0	0	0	
5WILLIAM WAGNER SVP OPERATIONS	(i)	210,847	38,694	8,826	10,428	27,408	296,203	C
SVI GIENVIIGNS	(ii)	0	0	0	0	0	0	
6 ANN WADAGNOLO SVP CRO	(i)	201,113	37,758	18,607	7,459	6,318	271,255	C
SVI CIG	(ii)	0	0	0	0	0	0	
7 VALERIE HOPKINS SVP HUMAN RESOURCES	(i)	188,646	18,366	9,327	5,846	10,439	232,624	O
SVI TIGITANI NESSONGES	(ii)	0	0	0	0	0	0	
8 DAVID FISHER VP BRANCHES	(i)	169,094	19,925	1,500	7,605	7,990	206,114	C
VI BIORICIES	(ii)	0	0	0	0	0	0	
9TRACY MADSEN VP CONTROLLER	(i)	136,883	16,284	11,304	6,586	2,396	173,453	O
VI COMMOLLEN	(ii)	0	0	0	0	0	0	
10KANDI GOSE-ORTIZ VP CONSUMER LENDING	(i)	139,669	17,113	1,241	343	16,695	175,061	C
SS.ISSPIER LENDING	(ii)	0	0	0	0	0	0	C
11HUGO GUZMAN VP CREDIT RISK	(i)	135,527	13,425	4,160	6,162	7,468	166,742	O
AL CIVEDIL KTOK	1							

291

6,535

754

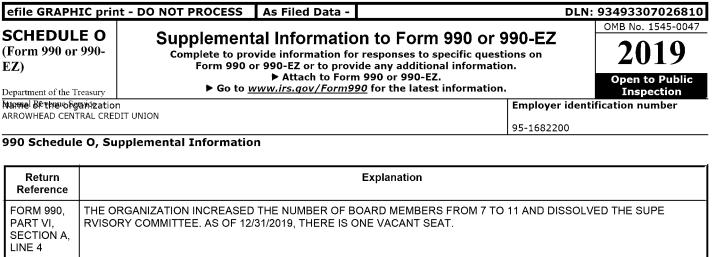
157,876

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Schedule L		Transa	ction	s with li	ntereste	d Persons	<u> </u>			ОМ	B No. 15	45-0047
(Form 990 or 990-E	Z) ► Complete	e if the organiz	ation ans	swered "Yes	s" on Form 9	90, Part IV, lin	es 25	a, 25	5b, 26,	.	20 3	10
		27, 28a, 28	b, or 28c, ▶ Attach	or Form 99 to Form 99	00-EZ, Part V 0 or Form 99	7, line 38a or 40 90-57	b.			.	4 U.	レフ
Department of the Treasu	*,					the latest info	rmati	on.		0		Public
Internal Revenue Service Name of the organ							Em	nlov	er ider	tificat	Inspection num	
ARROWHEAD CENTRA	L CREDIT UNION											
Part I Excess	Renefit Tran	sactions (sect	ion 501(c)	(3) section	501(c)(4) and	d section 501(c)(1682 raani		only)		
						r 25b, or Form 99						
1 (a)	Name of disqualif	ied person	(b) Re			lified person and	(4		scription		<u>`</u>	orrected?
					organization		-	tra	nsactio	n	Yes	No
											1	
					_							
											1	
2 Enter the amo	ount of tax incurr	ed by the organi		nagers or dis	qualified pers	ons during the ye	ear un	der s	ection \$			
3 Enter the amo	ount of tax, if any				rganization .				> \$			
Part II Loan	s to and/or F	rom Interest	ed Perc	one								
Comp	lete if the organiz	zation answered	"Yes" on F	orm 990-EZ	, Part V, line 3	38a, or Form 990	, Part	IV, ا	ine 26;	or if tl	ne organ	ization
	ed an amount or				14 20 1 1	(C D 1					(:)	44.111
(a) Name of interested person	(b) Relationship with	of (c) Purpose of loan		(d) Loan to or from (e) Original (the organization? principal		(f) Balance due	(g) In (h) default? Approved			(i) Written agreement?		
,	organization		-		amount		board or committee		d or			
			To	From	1		Yes	No	Yes	No	Yes	No
(1)	OFFICER	FUND		X	10,000,000	10,087,323	-	No	Yes	110	Yes	
DÁRIN		PURCHASE										
WOINAROWICZ		OF A CASH VALUE LIFE										
		INSURANCE										
		POLICY										
					<u> </u>	10.007.000						
Total Pari III Grani	s or Assistan	aa Dawafitina			▶ \$	10,087,323						
	lete if the orga					. line 27.						
(a) Name of interes		Relationship be			of assistance	(d) Type of	assist	ance	(e) Pur	ose of a	ssistance
		erested person a	nd the									
		organization										
		-										
		ee the Instruction										

Explanation

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

Return Reference



Return Explanation
Reference

FORM 990, PART VI, SECTION A, LINE 6

Return Explanation
Reference

FORM 990, THE GOVERNING BOARD OF ARROWHEAD CENTRAL CREDIT UNION IS COMPRISED OF VOLUNTEER MEMBERS WH PART VI, O ARE DIRECTLY ELECTED BY ITS MEMBERS. EACH MEMBER OF THE GOVERNING BOARD SERVES FOR A PER SECTION A, IOD AS PRESCRIBED BY OUR BY-LAWS.

Return Explanation

FORM 990, AT THE END OF EACH TERM OF THE BOARD MEMBERS, ELECTIONS ARE HELD AND BOARD MEMBERS ARE VOT PART VI, ED BY THE MEMBERS OF THE CREDIT UNION PURSUANT TO ITS BY-LAWS. MEMBER VOTES ARE ALSO REQUI SECTION A, RED TO RATIFY DECISIONS DEALING WITH REORGANIZATIONS AS IN THE CASE OF MERGER OR DISSOLUTION.

Return

FORM 990.

PART VI.

Explanation Reference

EW. THE CFO PRESENTS ANY QUESTIONS, COMMENTS, OR CORRECTIONS TO THE RETURN PREPARER, UPON

SECTION B. SATISFACTORY COMPLETION OF THE FORM 990, THE ORGANIZATION'S AUTHORIZED INDIVIDUAL PRESENTS LINE 11B THE RETURN TO THE BOARD OF DIRECTORS AND SIGNS THE APPROPRIATE SIGNATURE FORM(S) TO AUTHO RIZE THE ELECTRONIC FILING OF THE RETURN, A COPY OF THE FORM 990, AS FILED, IS PROVIDED BY

THE RETURN PREPARER TO THE ORGANIZATION'S CEO OR OTHER DESIGNATED INDIVIDIUAL(S).

THE RETURN PREPARER E-MAILS A DRAFT OF THE FORM 990 TO THE ORGANIZATION'S CEO FOR HIS REVI

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	FOR DIRECTORS, THE VOLUNTEER CODE OF PERSONAL AND BUSINESS CONDUCT (POLICY 1.16) (12 PAGES) REQUIRES ANNUAL, AT A MINIMUM, WRITTEN ACKNOWLEDGEMENT AND DISCLOSURE OF POTENTIAL CONFL ICTS OF INTEREST. FOR OFFICERS AND KEY EMPLOYEES, THE EMPLOYEE HANDBOOK, GENERAL POLICIES, CODE OF PERSONAL AND BUSINESS CONDUCT (13 PAGES) REQUIRES DISCLOSURE OF OUTSIDE INTERESTS WHENEVER AN ACTIVITY MAY BE CONTRARY TO THE BEST INTEREST OF THE CREDIT UNION. ALL EMPLOY EES ARE REQUIRED TO SIGN A WRITTEN ACKNOWLEDGEMENT OF THE RECEIPT OF THE CODE OF PERSONAL AND BUSINESS CONDUCT AND OF ANY SUBSEQUENT CHANGES THERETO. VIOLATIONS MAY SUBJECT THE EMPLOYEE TO DISCIPLINARY MEASURES, UP TO AND INCLUDING TERMINATION.

Return Explanation
Reference

FORM 990, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE CEO. THE CEO APPROVES THE COMPENS PART VI, ATION FOR THE EXECUTIVES. MARKET DATA IS USED TO DETERMINE COMPENSATION COMPARABILITY AMON SECTION B, G THE EXECUTIVES' SALARIES.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference	
FORM 990,	CHANGE IN ACCUMULATED OTHER COMPREHENSIVE INCOME 4,163,500. EQUITY ACQUIRED IN MERGER 1,45
PART XI,	4,569. ADJUSTMENT TO UNDIVIDED EARNINGS -62,276. ROUNDING -5.
LINE 9:	

990 Schedule O, Supplemental Information

Return

Reference	p
FORM 990, PART XII,	DESERT COMMUNITIES FEDERAL CREDIT UNION MERGED INTO ARROWHEAD CENTRAL CREDIT UNION EFFECTIVE APRIL 1, 2019.
LINE 2C:	

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

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

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2019**

DLN: 93493307026810

Open to Public Inspection

Schedule R (Form 990) 2019

Depart	ment of t	he Treasu	ry
Interna	l Revenu	e Service	
	6		_

(Form 990)

Employer identification number Name of the organization ARROWHEAD CENTRAL CREDIT UNION 95-1682200 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (b) (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Direct controlling End-of-year assets Primary activity entity or foreign country) Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (a) (d) (e) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)ARROWHEART FOUNDATION CHARITY FUND CA 501(C)(3) LINE 7 ARROWHEAD CENTRAL No 8686 HAVEN AVENUE CREDIT UNION RANCHO CUCAMONGA, CA 91730 46-3720925

Cat. No. 50135Y

because it had one or more related organizations treated as a corporation or trust during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity Legal domicile (state or foreign country) (corp., S corp., or trust) (Corp., S corp.,	Yes No Yes No
(a) Name, address, and EIN of related organization (b) Primary activity Companies of total (state or foreign country) Corp., or trust) Corp., Scorp., or trust) Corp., Scorp.	
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ROWHEAD FINANCIAL GROUP INC INSURANCE CA ARROWHEAD C 36,374 261,948 100.000 % HAVEN AVENUE HO CUCAMONGA, CA 91730	(c) Legal domicile (state or foreign(d) Direct controlling entity(e) Type of entity (C corp, S corp, or trust)(f) Share of total income(g) Share of end-of- year assets(h) Percentage ownership(i) Section 512 (13) control entity?
HAVEN AVENUE HO CUCAMONGA, CA 91730	CA ARROWHEAD C 36,374 261,948 100.000 % No

Schedule R (Form 990) 2019					Page 3					
Part V Transactions With Related Organizations. Complete if the organization answe	red "Yes" on Form 990, Pa	rt IV, line 34, 35	b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ye	es No					
1 During the tax year, did the organization engage in any of the following transactions with one or more	related organizations listed in	Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	No					
b Gift, grant, or capital contribution to related organization(s)				1 b	No					
${f c}$ Gift, grant, or capital contribution from related organization(s)	Sift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)				1d	No					
e Loans or loan guarantees by related organization(s)				1e	No					
f Dividends from related organization(s)				1f	No					
g Sale of assets to related organization(s)				1 g	No					
h Purchase of assets from related organization(s)				1h	No					
i Exchange of assets with related organization(s)				1i	No					
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No					
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No					
${\bf I} \text{Performance of services or membership or fundraising solicitations for related organization}(s) . .$				11	No					
m Performance of services or membership or fundraising solicitations by related organization(s)										
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No					
o Sharing of paid employees with related organization(s)				10	No					
p Reimbursement paid to related organization(s) for expenses				1 p	No					
q Reimbursement paid by related organization(s) for expenses				1q Ye	es					
${f r}$ Other transfer of cash or property to related organization(s)				1r	No					
${f s}$ Other transfer of cash or property from related organization(s)				1s	No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including covered	elationships and tra	nsaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount invol	lved					
1)ARROWHEAD FINANCIAL GROUP INC	Q		AMOUNT BELOW THRESHOLD							
		1								

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	1		1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019								
Part VII	Supplemental Info	Supplemental Information						
	Provide additional information for responses to questions on Schedule R. (see instructions).							
Return Reference		Explanation						