

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: TRAVIS CREDIT UNION
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address) / Room/suite: PO BOX 2069
 City or town, state or province, country, and ZIP or foreign postal code: VACAVILLE, CA 95696

D Employer identification number: 94-1242831
E Telephone number: (707) 469-1671
G Gross receipts \$ 160,077,670

F Name and address of principal officer: BARRY NELSON, PO BOX 2069, VACAVILLE, CA 95696

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

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

J Website: ▶ WWW TRAVISCU ORG

K Form of organization: Corporation Trust Association Other ▶ CREDIT UNION
L Year of formation: 1951
M State of legal domicile: CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	826
6 Total number of volunteers (estimate if necessary)	6	12
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	386,223
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	0	500,000
9 Program service revenue (Part VIII, line 2g)	131,629,021	147,709,539
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,783,588	11,796,389
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,062,231	36,540
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142,474,840	160,042,468
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	59,800	89,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,496,191	53,812,439
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	74,001,976	79,588,678
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	124,557,967	133,490,117
19 Revenue less expenses Subtract line 18 from line 12	17,916,873	26,552,351

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,970,767,168	3,121,393,060
21 Total liabilities (Part X, line 26)	2,638,366,552	2,762,454,084
22 Net assets or fund balances Subtract line 21 from line 20	332,400,616	358,938,976

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2019-11-04

BARRY NELSON CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____
 Preparer's signature: _____
 Date: _____

Check if self-employed PTIN: P01054153
 Firm's name ▶ TURNER WARREN HWANG & CONRAD ACCTCY Firm's EIN ▶ 95-4083485
 Firm's address ▶ 100 NORTH FIRST ST STE 202 Phone no (818) 954-9700
 BURBANK, CA 91502

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

A COOPERATIVE, ORGANIZED FOR THE PURPOSE OF PROMOTING THRIFT ANDSAVINGS 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, TRAVIS CREDIT UNION CONDUCTSITS BUSINESS FOR THE MUTUAL BENEFIT AND GENERAL WELFARE OF ITSMEMBERS WITH THE EARNINGS, SAVINGS, BENEFITS, OR SERVICES OF THE CREDIT UNION BEING DISTRIBUTED TO ITS MEMBERS AS PATRONS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

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

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

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

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

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

4e Total program service expenses ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 110,059	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	826			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes			
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		No		
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
a 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				
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8				
9a 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					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b 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	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No		
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, 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 employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its 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 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	500,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f \$ _____					
	h Total. Add lines 1a-1f		500,000			
Program Service Revenue	2a INTEREST ON LOANS	Business Code				
		522100	110,453,013	110,453,013		
	b OTHER OPERATING INCOME	522100	26,691,470	26,646,567	44,903	
	c FEE INCOME	522100	10,565,056	10,223,736	341,320	
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		147,709,539				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,831,591	11,831,591		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		35,202		
		c Gain or (loss)		-35,202		
	d Net gain or (loss)		-35,202	-35,202		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a OTHER NON-OPERATING IN	522100	36,540	36,540			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		36,540				
12 Total revenue. See Instructions		160,042,468	159,156,245	386,223	0	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	30,000			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	59,000			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,435,672			
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.	35,696,327			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,742,405			
9 Other employee benefits.	6,607,142			
10 Payroll taxes.	3,330,893			
11 Fees for services (non-employees)				
a Management.				
b Legal.	134,238			
c Accounting.	151,488			
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	858,836			
12 Advertising and promotion.	2,162,152			
13 Office expenses.	15,299,963			
14 Information technology.	4,443,238			
15 Royalties.				
16 Occupancy.	3,768,908			
17 Travel.	934,396			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	14,241,583			
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	3,357,035			
23 Insurance.	312,223			
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 PROV FOR LOAN LOSSES	24,986,687			
b LOAN SERVICING EXPENSE	6,795,959			
c MISC OPERATING EXPENSES	1,872,224			
d OPERATING FEES	269,748			
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	133,490,117			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	26,972,604	1	29,347,655	
	2	Savings and temporary cash investments	136,220,427	2	171,684,099	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	4,792,395	5	4,288,992	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	3,304,455	9	4,015,276	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	73,198,922			
	b	Less accumulated depreciation	30,614,907	37,673,258	10c	42,584,015
	11	Investments—publicly traded securities	442,699,630	11	441,723,028	
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11	2,282,828,242	13	2,355,887,665	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	36,276,157	15	71,862,330	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,970,767,168	16	3,121,393,060		
Liabilities	17	Accounts payable and accrued expenses	29,120,596	17	34,410,310	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,609,245,956	25	2,728,043,774	
	26	Total liabilities. Add lines 17 through 25	2,638,366,552	26	2,762,454,084	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds	0	30	0	
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0	
	32	Retained earnings, endowment, accumulated income, or other funds	332,400,616	32	358,938,976	
33	Total net assets or fund balances	332,400,616	33	358,938,976		
34	Total liabilities and net assets/fund balances	2,970,767,168	34	3,121,393,060		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	160,042,468
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,490,117
3	Revenue less expenses Subtract line 2 from line 1	3	26,552,351
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	332,400,616
5	Net unrealized gains (losses) on investments	5	-13,991
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	358,938,976

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 94-1242831

Name: TRAVIS CREDIT UNION

Form 990 (2018)

Form 990, Part III, Line 4a:

TRAVIS CREDIT UNION PROVIDES A VARIETY OF LOANS INCLUDING AUTO, MORTGAGES, CREDIT CARD, SMALL BUSINESS AND UNSECURED AT COMPETITIVE RATES FOR OUR MEMBERSHIP, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

Form 990, Part III, Line 4b:

TRAVIS CREDIT UNION PROVIDES A VARIETY OF SAVINGS ACCOUNTS INCLUDING SAVINGS, DEMAND, MONEY MARKET, CERTIFICATES AND INVESTMENTS AT COMPETITIVE RATES FOR OUR MEMBERSHIP, THEREBY, ASSISTING THEM MANAGE THEIR FINANCIAL HEALTH AND GROWTH IN THE FUTURE

Form 990, Part III, Line 4c:

TRAVIS CREDIT UNION PROVIDES FINANCIAL SERVICES TO OUR MEMBERSHIP WHICH ARE SMALL BUSINESS OWNERS DEVELOPING THEIR OWN BUSINESSES IN THE COMMUNITY THESE MEMBERS PROVIDE VALUED SERVICES AND EMPLOYMENT TO OUR COMMUNITY MEMBERS THEREBY PROVIDING FUTURE GROWTH AND A STRONGER QUALITY OF LIFE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT MORENO BOARD CHAIRPERSON	1 00	X						2,488	0	0
DEBBIE ASPLING BOARD VICE CHAIRPERSON	1 00	X						0	0	0
MARY COBURN SECRETARY	1 00	X						0	0	0
THOMAS KULINSKI TREASURER	1 00	X						1,731	0	0
DEE ALARCON BOARD MEMBER	1 00	X						3,978	0	0
LEONARD AUGUSTINE BOARD MEMBER	1 00	X						0	0	0
CURT NEWLAND BOARD MEMBER	1 00	X						2,536	0	0
OSCAR DOMINGUEZ BOARD MEMBER	1 00	X						1,152	0	0
DOUGLAS BEAUMONT BOARD MEMBER	1 00	X						0	0	0
ARTURO REYES SUPV CMTE CHAIRPERSON	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIMOTHY TRUESDALE SUPV CMTE MEMBER	1 00	X						662	0	0
JOHANNA BENKER SUPV CMTE MEMBER	1 00	X						1,935	0	0
BARRY NELSON PRESIDENT/CEO	40 00			X				681,985	0	1,566,609
IVAN JONES SVP/CFO	40 00			X				514,593	0	287,912
MISUN THOMPSON FORMER SVP, MEMBER SERVICES & COO	40 00			X				690,661	0	6,565
NAVNEET KHANNA EXECUTIVE VICE PRESIDENT	40 00			X				369,599	0	777,246
ARTHUR M SCHWARTZ SVP/CHIEF HUMAN RESOURCES OFFICER	40 00			X				283,976	0	497,374
STACY FIFIELD SVP/CHIEF LENDING OFFICER	40 00			X				271,016	0	510,290
CRAIG BEAUDRY SVP/CHIEF INFORMATION OFFICER	40 00			X				260,410	0	163,476
GLORIA NUNEZ VP, CENTRAL OPERATIONS	40 00				X			215,904	0	47,333

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JOHN N CALADIM VP FINANCE	40 00				X				207,613	0	19,452
TERESA SHAFER VP HUMAN RESOURCES & TRAINING	40 00				X				198,341	0	35,670
JULIE A RUMPH VP CONSUMER LENDING	40 00				X				194,427	0	18,357
JOHN M SHELBY VP BUSINESS BANKING	40 00				X				190,238	0	34,002
MARK VINELLA VP COMPLIANCE & RISK MANAGEMENT	40 00				X				181,579	0	60,469
KARL B GOIN FORMER VP MARKETING	40 00				X				176,888	0	36,114
SHERRY CORDONNIER AVP CORPORATE RELATIONS	40 00				X				163,293	0	24,284
STEVE D WINSTEAD VP, INFORMATION SERVICES	40 00				X				162,717	0	35,010
CRAIG CRISMON AVP, DIGITAL DELIVERY	40 00				X				158,526	0	57,091
MICHAEL S GRADL VP WEALTH MANAGEMENT AND INSURANCE SERVICES	40 00				X				155,782	0	47,785

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS CORIO AVP INTERNAL AUDIT	40 00				X			151,790	0	34,397
DELANNIA G CALDWELL AVP ORGANIZATIONAL LEARNING & KNOWLEDGE MGT	40 00				X			150,702	0	25,358
ARIC N KOSHIYAMA WEALTH ADVISOR	40 00					X		364,488	0	20,372
MICHAEL J WHITE FINANCIAL CONSULTANT	40 00					X		192,508	0	47,152
JOSEPH VITULLO EXTERNAL LOAN OFFICER-REAL ESTATE	40 00					X		173,754	0	24,173
TAHIR A MASOOD BUSINESS RELATIONSHIP OFFICER	40 00					X		166,105	0	26,365
CYNTHIA MCGUIRE AVP CONSUMER LENDING	40 00					X		144,295	0	32,506

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization TRAVIS CREDIT UNION	Employer identification number 94-1242831
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ 4,000

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 4,000

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ 4,000

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART I-A, LINE 1	CONTRIBUTION TO CALIFORNIA CREDIT UNION LEAGUE TO PROMOTE TRADE INFORMATION PERTAINING TO CREDIT UNIONS

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
TRAVIS CREDIT UNION

Employer identification number
94-1242831

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,352,246		6,352,246
b Buildings		37,168,345	14,885,199	22,283,146
c Leasehold improvements		7,356,152	5,856,707	1,499,445
d Equipment		22,322,179	9,873,001	12,449,178
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				42,584,015

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ALL OTHER INVESTMENTS	10,775,700	F
(2) LOANS HELD FOR SALE	369,000	F
(3) LOANS & LEASES	2,321,405,987	F
(4) NCUA SHARE INSURANCE CAPITALIZATION DEPOSIT	23,336,978	C
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	2,355,887,665	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
MEMBER SHARES & DEPOSITS	2,728,043,774
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,728,043,774

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	160,042,468
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	160,042,468
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	160,042,468

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

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

1	Total expenses and losses per audited financial statements		1	133,490,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	133,490,117
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	133,490,117

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 94-1242831

Name: TRAVIS CREDIT UNION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE TAXING AUTHORITIES HAVE THE ABILITY TO ASSESS TAXES, PENALTIES, AND INTEREST FOR ANY YEARS FOR WHICH NO TAX RETURN WAS FILED IN THE OPINION OF MANAGEMENT, ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING INCOME TAXES ON THE NET TAXABLE INCOME FROM ACTIVITIES POTENTIALLY DEEMED TO BE UNRELATED TO THE CREDIT UNION'S EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS THE CREDIT UNION EVALUATED ITS TAX POSITIONS AND DETERMINED NO UNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2018 AND 2017

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	25	59,000		FMV	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MIRACLE NETWORK HOSPITALS 2855 EAST GUASTI RD STE 600 ONTARIO, CA 91761	87-0387205	501(C)(3)	11,000		FMV		RAISE FUNDS FOR CHILDREN'S HOSPITALS, MEDICAL RESEARCH, AND COMMUNITY AWARENESS OF CHILDREN'S HEALTH ISSUES
TRAVIS FISHER HOUSE 540 AIRLIFT CIRCLE BLDG 381 TRAVIS AIR FORCE BASE, CA 94535	68-0038761	501(C)(3)	10,000		FMV		PROVIDE HOUSING FOR FAMILIES OF LONG TERM PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CREDIT UNION FOUNDTION INC 5710 MINERAL POINT RD MADISON, WI 53705	39-1383650	501(C)(3)	5,000		FMV		SUPPORT PREVENTION OF WILD FIRES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047
2018
Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization TRAVIS CREDIT UNION	Employer identification number 94-1242831
---	--

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b Yes									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p>a The organization?</p>	5a									
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b									
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p>a The organization?</p>	6a									
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b									
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>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</p>	8									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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, LINES 4A-B	<p>457(B) NON-QUALIFIED DEFERRED COMPENSATION PLAN. ELIGIBILITY IS LIMITED TO EMPLOYEES IN A POSITION OF ASSISTANT VICE PRESIDENT OR ABOVE, OR THOSE EMPLOYEES INDIVIDUALLY SELECTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THOSE ELIGIBLE ARE ABLE TO PARTICIPATE EFFECTIVE THEIR DATE OF HIRE INTO A POSITION OF VICE PRESIDENT OR ABOVE, OR THE EFFECTIVE DATE OF THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS' APPOINTED ELIGIBILITY TO THE PLAN. THE PLAN MATCHES THE PARTICIPANT'S CONTRIBUTIONS DOLLAR FOR DOLLAR UP TO A CALENDAR YEAR MAXIMUM. THE CALENDAR YEAR MAXIMUM, THAT A PARTICIPANT CAN CONTRIBUTE, IS 50% OF THE ALLOWABLE AMOUNT UNDER CODE SECTION 457(E) (15), SO FOR 2018 THE MAXIMUM PARTICIPANT CONTRIBUTION IS \$9,250. THE PLAN DOES NOT HAVE A VESTING SCHEDULE, SO CONTRIBUTIONS ARE 100% VESTED. PARTICIPANTS MAY NOT RECEIVE A DISTRIBUTION PRIOR TO SEVERANCE OF EMPLOYMENT WITH TCU. 457(F) NON-QUALIFIED SERP DESIGNED TO PROVIDE A SPECIFIC DOLLAR AMOUNT BY THE TIME A PARTICIPANT IS TENURED. THE TOTAL BENEFIT AMOUNT IS ACCRUED OVER THE LENGTH OF EMPLOYMENT OF THE PARTICIPANT. THE AMOUNT IS "CLIFF VESTED" OVER 3 PERIODS, WITH THE FINAL AND LARGEST VESTING AT RETIREMENT. FUNDS ARE DISTRIBUTED ON EACH VESTING DATE IN THE AMOUNT SPECIFIED IN THE VESTING SCHEDULE. FORFEITURE EVENTS ARE INVOLUNTARY SEPARATION WITH CAUSE AND, VOLUNTARY SEPARATION WITHOUT GOOD REASON. PAYMENT OF BENEFITS DEPENDS ON THE EVENT THAT TRIGGERS A PAYMENT. THESE EVENTS AND PAYMENTS ARE: FULL PAYMENT OF AMOUNT ACCRUED AS OF EACH CLIFF VESTING DATE, AMOUNT ACCRUED-TO-DATE WILL BE PAID UPON DEATH PRIOR TO RETIREMENT, VOLUNTARY SEPARATION FOR GOOD REASON, INVOLUNTARY SEPARATION WITHOUT CAUSE, SEPARATION DUE TO DISABILITY. PARTICIPANTS IN THE PLAN ARE BARRY NELSON, IVAN JONES, NAVNEET KHANNA, STACY FIFIELD, MISUN THOMPSON AND ARTHUR SCHWARTZ. MISUN THOMPSON RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$184,184. KARL B. GOIN RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$37,884.</p>



Additional Data

Software ID:
Software Version:
EIN: 94-1242831
Name: TRAVIS CREDIT UNION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY NELSON PRESIDENT/CEO	(i)	599,863	69,307	12,815	1,539,714	26,895	2,248,594	0
	(ii)	0	0	0	0	0	0	0
IVAN JONES SVP/CFO	(i)	323,507	34,315	156,771	284,551	3,361	802,505	150,000
	(ii)	0	0	0	0	0	0	0
MISUN THOMPSON FORMER SVP, MEMBER SERVICES & COO	(i)	65,564	22,854	602,243	2,319	4,246	697,226	416,594
	(ii)	0	0	0	0	0	0	0
NAVNEET KHANNA EXECUTIVE VICE PRESIDENT	(i)	321,295	39,808	8,496	738,942	38,304	1,146,845	0
	(ii)	0	0	0	0	0	0	0
ARTHUR M SCHWARTZ SVP/CHIEF HUMAN RESOURCES OFFICER	(i)	248,938	26,923	8,115	464,348	33,026	781,350	0
	(ii)	0	0	0	0	0	0	0
STACY FIFIELD SVP/CHIEF LENDING OFFICER	(i)	236,800	24,997	9,219	496,060	14,230	781,306	0
	(ii)	0	0	0	0	0	0	0
CRAIG BEAUDRY SVP/CHIEF INFORMATION OFFICER	(i)	215,152	20,616	24,642	138,982	24,494	423,886	0
	(ii)	0	0	0	0	0	0	0
GLORIA NUNEZ VP, CENTRAL OPERATIONS	(i)	188,677	17,362	9,865	19,325	28,008	263,237	0
	(ii)	0	0	0	0	0	0	0
JOHN N CALADIM VP FINANCE	(i)	183,785	16,563	7,265	10,076	9,376	227,065	0
	(ii)	0	0	0	0	0	0	0
TERESA SHAFER VP HUMAN RESOURCES & TRAINING	(i)	173,494	16,444	8,403	18,152	17,518	234,011	0
	(ii)	0	0	0	0	0	0	0
JULIE A RUMPH VP CONSUMER LENDING	(i)	170,400	14,876	9,151	9,230	9,127	212,784	0
	(ii)	0	0	0	0	0	0	0
JOHN M SHELBY VP BUSINESS BANKING	(i)	166,721	15,144	8,373	17,946	16,056	224,240	0
	(ii)	0	0	0	0	0	0	0
MARK VINELLA VP COMPLIANCE & RISK MANAGEMENT	(i)	158,927	14,688	7,964	17,957	42,512	242,048	0
	(ii)	0	0	0	0	0	0	0
KARL B GOIN FORMER VP MARKETING	(i)	120,616	12,864	43,408	14,048	22,066	213,002	0
	(ii)	0	0	0	0	0	0	0
SHERRY CORDONNIER AVP CORPORATE RELATIONS	(i)	151,162	9,092	3,039	15,164	9,120	187,577	0
	(ii)	0	0	0	0	0	0	0
STEVE D WINSTEAD VP, INFORMATION SERVICES	(i)	153,479	4,875	4,363	16,944	18,066	197,727	0
	(ii)	0	0	0	0	0	0	0
CRAIG CRISMON AVP, DIGITAL DELIVERY	(i)	146,999	9,398	2,129	17,034	40,057	215,617	0
	(ii)	0	0	0	0	0	0	0
MICHAEL S GRADL VP WEALTH MANAGEMENT AND INSURANCE S	(i)	148,806	0	6,976	16,447	31,338	203,567	0
	(ii)	0	0	0	0	0	0	0
THOMAS CORIO AVP INTERNAL AUDIT	(i)	139,301	8,616	3,873	16,486	17,911	186,187	0
	(ii)	0	0	0	0	0	0	0
DELANNIA G CALDWELL AVP ORGANIZATIONAL LEARNING & KNOWLE	(i)	141,083	8,582	1,037	16,318	9,040	176,060	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ARIC N KOSHIYAMA WEALTH ADVISOR	(i)	49,015	314,739	734	11,608	8,764	384,860	0
	(ii)	0	0	0	0	0	0	0
MICHAEL J WHITE FINANCIAL CONSULTANT	(i)	42,515	149,468	525	9,361	37,791	239,660	0
	(ii)	0	0	0	0	0	0	0
JOSEPH VITULLO EXTERNAL LOAN OFFICER- REAL ESTATE	(i)	56,885	116,526	343	0	24,173	197,927	0
	(ii)	0	0	0	0	0	0	0
TAHIR A MASOOD BUSINESS RELATIONSHIP OFFICER	(i)	72,799	88,326	4,980	8,483	17,882	192,470	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA MCGUIRE AVP CONSUMER LENDING	(i)	129,374	8,094	6,827	16,145	16,361	176,801	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												
Total						▶ \$	4,288,992					

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ARTHUR SCHWARTZ	CHEIF HR OFFICER/BOARD OF CUSIG	356,004	PROVIDER OF WORKER'S COMP POLICY		No
(2) NAV KHANNA	EVP OF TRAVIS CREDIT UNION/MEMBER OF FAIRFIELD CHAMBER OF COMMERCE	200,000	CHAMBER HAS REAL ESTATE LOAN		No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-1242831

Name: TRAVIS CREDIT UNION

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
OSCAR DOMINGUEZ	DIRECTOR	CREDIT CARD		X	20,000	16,292		No	Yes		Yes	
CRAIG BEAUDRY	OFFICER	AUTOMOBILE		X	45,038	34,213		No	Yes		Yes	
BARRY NELSON	OFFICER	FIRST MORTGAGE		X	648,800	347,654		No	Yes		Yes	
NAVNEET KHANNA	OFFICER	FIRST MORTGAGE		X	244,000	194,943		No	Yes		Yes	
GLORIA NUNEZ	KEY EMPLOYEE	FIRST MORTGAGE		X	280,000	250,596		No	Yes		Yes	
GLORIA NUNEZ	KEY EMPLOYEE	CREDIT CARD		X	14,400	947		No	Yes		Yes	
CRAIG BEAUDRY	OFFICER	CREDIT CARD		X	25,000	2,364		No	Yes		Yes	
IVAN JONES	OFFICER	CREDIT CARD		X	2,000	1,586		No	Yes		Yes	
DEE ALARCON	DIRECTOR	CREDIT CARD		X	20,000	19,000		No	Yes		Yes	
JOHANNA BENKER	DIRECTOR	FIRST MORTGAGE		X	255,700	128,300		No	Yes		Yes	
STACY FIFIELD	OFFICER	CREDIT CARD		X	25,000	22,425		No	Yes		Yes	
THOMAS KULINSKI	DIRECTOR	CREDIT CARD		X	15,000	4,195		No	Yes		Yes	
MARY COBURN	DIRECTOR	CREDIT CARD		X	10,000	620		No	Yes		Yes	
DEE ALARCON	DIRECTOR	FIRST MORTGAGE		X	154,700	84,091		No	Yes		Yes	
ARTURO REYES	DIRECTOR	CREDIT CARD		X	12,000	10,831		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
STACY FIFIELD	OFFICER	AUTOMOBILE		X	44,105	20,304		No	Yes		Yes	
IVAN JONES	OFFICER	FIRST MORTGAGE		X	560,000	510,124		No	Yes		Yes	
DOUGLAS BEAUMONT	DIRECTOR	FIRST MORTGAGE		X	150,000	120,936		No	Yes		Yes	
GLORIA NUNEZ	KEY EMPLOYEE	HELOC		X	50,000	26,594		No	Yes		Yes	
PAT MORENO	DIRECTOR	AUTO LOAN		X	47,692	27,778		No	Yes		Yes	
CURT NEWLAND	DIRECTOR	FIRST MORTGAGE		X	262,000	209,401		No	Yes		Yes	
CURT NEWLAND	DIRECTOR	CREDIT CARD		X	25,000	5,332		No	Yes		Yes	
IVAN JONES	OFFICER	AUTOMOBILE		X	23,204	13,066		No	Yes		Yes	
JOHN CALADIM	KEY EMPLOYEE	FIRST MORTGAGE		X	553,800	528,137		No	Yes		Yes	
JOHN SHELBY	KEY EMPLOYEE	FIRST MORTGAGE		X	183,500	159,282		No	Yes		Yes	
MARK VINELLA	KEY EMPLOYEE	FIRST MORTGAGE		X	355,600	309,142		No	Yes		Yes	
DOUGLAS BEAUMONT	DIRECTOR	SHARE SECURED		X	10,000	8,337		No	Yes		Yes	
IVAN JONES	OFFICER	AUTOMOBILE		X	50,119	45,308		No	Yes		Yes	
JOHANNA BENKER	DIRECTOR	FIRST MORTGAGE		X	330,000	329,861		No	Yes		Yes	
JOHN SHELBY	KEY EMPLOYEE	HELOC		X	50,000	40,923		No	Yes		Yes	

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
JOHN SHELBY	KEY EMPLOYEE	AUTOMOBILE		X	36,087	33,794		No	Yes		Yes	
MICHAEL GRADL	KEY EMPLOYEE	FIRST MORTGAGE		X	378,000	368,552		No	Yes		Yes	
MICHAEL GRADL	KEY EMPLOYEE	FIRST MORTGAGE		X	414,000	414,000		No	Yes		Yes	
TERESA SHAFER	KEY EMPLOYEE	CREDIT CARD		X	25,000	64		No	Yes		Yes	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

TRAVIS CREDIT UNION

Employer identification number

94-1242831

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TRAVIS 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 TRAVIS CREDIT UNION DOES NOT HAVE STOCKHOLDERS

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	EACH BOARD MEMBER SHALL RECEIVE A COMPLETED DRAFT OF THE FORM 990 FOR REVIEW PRIOR TO FILING EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ON A MONTHLY BASIS, MEMBERS OF THE BOARD ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF INTEREST OR CONCERNS AND RECUSE THEMSELVES WHEN NECESSARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TRAVIS CREDIT UNION PARTICIPATES IN FOUR TO FIVE NATIONAL AND INDUSTRY SPECIFIC SURVEYS TO BENCHMARK BASE SALARY, BONUS AND RETIREMENT BENEFITS FOR ALL KEY EMPLOYEES, SALARIED EMPLOYEES, TO INCLUDE THE CEO, EVP, AND ALL VPS THESE SURVEYS ARE CONDUCTED AT LEAST ANNUALLY THE GOVERNING BOARD APPROVES THE CEO'S COMPENSATION PACKAGE AFTER IT HAS BEEN THOROUGHLY REVIEWED AND RECOMMENDED BY THE COMPENSATION COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY IS INCLUDED IN OUR CORPORATE BYLAWS, OUR GOVERNING DOCUMENTS, WHICH ARE AVAILABLE UPON REQUEST OUR MONTHLY FINANCIAL STATEMENTS ARE DISPLAYED AT ALL OF OUR BRANCH LOCATIONS AS WELL AS CORPORATE HEADQUARTERS OUR YEAR END AUDITED FINANCIAL STATEMENTS ARE PRESENTED IN OUR ANNUAL MEETING AND WE FILE OUR CALL REPORTS ON A QUARTERLY BASIS WITH THE NCUA AND DBO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS NOT CHANGED EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TRAVIS CREDIT UNION

Employer identification number

94-1242831

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) TRAVIS CREDIT UNION FOUNDATION 1 TRAVIS WAY VACAVILLE, CA 95687 82-4159040	ADVOCATE FINANCIAL EDUCATION AND LITERACY IN OUR COMMUNITY	CA	501(C)(3)	LINE 7	TRAVIS CREDIT UNION		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRAVIS CREDIT UNION FOUNDATION	C	1,465	FMV
(2) TRAVIS CREDIT UNION FOUNDATION	O	49,327	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation