

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

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2016**  
Open to Public Inspection

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

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

**C** Name of organization  
TEXAS DOW ECU

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1001 FM 2004

City or town, state or province, country, and ZIP or foreign postal code  
LAKE JACKSON, TX 77566

**D** Employer identification number  
74-1260543

**E** Telephone number  
(361) 580-9129

**G** Gross receipts \$ 186,201,911

**F** Name and address of principal officer  
RHONDA PAVLICEK  
1001 FM 2004  
LAKE JACKSON, TX 77566

**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 TDECU ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1955

**M** State of legal domicile TX

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
INCREASE ECONOMIC WELL-BEING OF OUR MEMBERS THROUGH NOT-FOR-PROFIT, COOPERATIVE FINANCIAL SERVICES

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	15
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	928
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	3,229,096
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-4,327,246

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	173,185,510	185,672,486
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,703,918	506,516
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-583,283	-18,625
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,306,145	186,160,377
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,588,276	55,427,782
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	98,648,736	128,657,182
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	155,237,012	184,084,964
<b>19</b> Revenue less expenses Subtract line 18 from line 12	19,069,133	2,075,413

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,772,897,385	2,968,593,489
<b>21</b> Total liabilities (Part X, line 26)	2,540,857,674	2,733,417,536
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	232,039,711	235,175,953

**Part II Signature Block**

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

**Sign Here**  
Signature of officer: \*\*\*\*\*  
Date: 2017-08-14  
RHONDA PAVLICEK SVP & CFO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ROGER L DUNCAN CPA  
Preparer's signature: ROGER L DUNCAN CPA  
Date: 2017-08-14  
Check  if self-employed  
PTIN: P01087367  
Firm's name: FITTS ROBERTS & CO PC  
Firm's EIN: 74-1699466  
Firm's address: 5718 WESTHEIMER STE 800  
Houston, TX 77057  
Phone no: (713) 260-5230

**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

INCREASE ECONOMIC WELL-BEING OF OUR MEMBERS THROUGH NOT-FOR-PROFIT, COOPERATIVE FINANCIAL SERVICES

**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 \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

**4e** Total program service expenses ▶

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 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: [ ] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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: RHONDA L PAVLICEK SVP CFO 1001 FM 2004 LAKE JACKSON, TX 77566 (361) 580-9629







**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> INTEREST ON LOANS		522100	124,994,547	124,994,547		
	<b>b</b> FEE INCOME		522100	49,267,208	48,167,750	1,099,458	
	<b>c</b> OTHER OPERATING INCOME		522100	11,410,731	9,281,093	2,129,638	
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			185,672,486				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			506,516		506,516	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
		<b>d</b> Net gain or (loss) . . . . .			0		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . .	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> LOAN, LLC		522100	-18,625	-18,625			
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			-18,625				
<b>12 Total revenue.</b> See Instructions . . . . .			186,160,377	182,424,765	3,229,096	506,516	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	5,521,377			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	37,961,765			
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,269,903			
<b>9</b> Other employee benefits.	7,441,828			
<b>10</b> Payroll taxes.	3,232,909			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.				
<b>b</b> Legal.	460,005			
<b>c</b> Accounting.	83,221			
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	9,212,778			
<b>12</b> Advertising and promotion.	4,394,652			
<b>13</b> Office expenses.	8,292,080			
<b>14</b> Information technology.	1,524,512			
<b>15</b> Royalties.				
<b>16</b> Occupancy.	7,725,324			
<b>17</b> Travel.	1,601,453			
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	16,105,800			
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	8,056,601			
<b>23</b> Insurance.	861,244			
<b>24</b> 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.)				
<b>a</b> PROVISION FOR LOAN LOSS	38,890,546			
<b>b</b> OTHER SERVICE FEES	28,578,400			
<b>c</b> LOAN SERVICING EXPENSE	2,870,566			
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	184,084,964			
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	14,046,079	<b>1</b>	12,867,551
	<b>2</b> Savings and temporary cash investments . . . . .	138,589,720	<b>2</b>	101,621,121
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	1,267,699	<b>4</b>	1,254,423
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	2,496,024,089	<b>7</b>	2,726,402,141
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 106,830,183		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 57,790,486	53,630,093	<b>10c</b> 49,039,697
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	203,575	<b>12</b>	160,709
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .	17,882,373	<b>14</b>	16,084,803
	<b>15</b> Other assets See Part IV, line 11 . . . . .	51,253,757	<b>15</b>	61,163,044
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,772,897,385	<b>16</b>	2,968,593,489	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	44,452,867	<b>17</b>	50,591,380
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	2,039,803	<b>19</b>	1,717,108
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	7,818,289	<b>21</b>	9,749,481
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	250,227,267	<b>23</b>	330,299,488
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	2,236,319,448	<b>25</b>	2,341,060,079
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,540,857,674	<b>26</b>	2,733,417,536
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	232,039,711	<b>32</b>	235,175,953
	<b>33 Total net assets or fund balances . . . . .</b>	232,039,711	<b>33</b>	235,175,953
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,772,897,385	<b>34</b>	2,968,593,489

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	186,160,377
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	184,084,964
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	2,075,413
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	232,039,711
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-1,333
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	1,062,162
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	235,175,953

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1260543

**Name:** TEXAS DOW ECU

Form 990 (2016)

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### **Form 990, Part III, Line 4a:**

TDECU IS A NOT-FOR-PROFIT FINANCIAL COOPERATIVE WITH MORE THAN 252,362 MEMBERS TDECU CURRENTLY HAS 39 MEMBER SERVICE LOCATIONS, 2 INSURANCE LOCATIONS, AND OFFERS A COMPLETE SELECTION OF CONVENIENT AND COMPETITIVE PRODUCTS AND SERVICES

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
DAN BUCHE ..... DIRECTOR	4 00 .....	X						37,971	0	7,596		
GEORGE HORNBACK ..... DIRECTOR	4 00 .....	X						15,833	0	458		
PEGGY MILTENBERGER ..... DIRECTOR	4 00 .....	X						20,625	0	0		
DAVID OZUNA ..... DIRECTOR	4 00 .....	X						15,750	0	0		
DICK SMITH ..... DIRECTOR	4 00 .....	X						43,832	0	8,957		
CARRIE FISHER ..... DIRECTOR	4 00 .....	X						17,250	0	0		
ED ZINGLEMAN ..... DIRECTOR	4 00 .....	X						23,288	0	38		
EDWARD SPEED ..... DIRECTOR	4 00 .....	X						34,596	0	7,596		
JACK ANTONINI ..... DIRECTOR	4 00 .....	X						16,970	0	8,720		
ROLAND HENDRICKS ..... DIRECTOR	4 00 .....	X						28,125	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
FRANK COE ..... DIRECTOR	4 00 .....	X						20,250	0	0		
EILEEN CAMPBELL ..... DIRECTOR	4 00 .....	X						19,500	0	0		
ROBERT BALDWIN III ..... DIRECTOR	4 00 .....	X						9,000	0	0		
ANITA SEHGAL ..... DIRECTOR	4 00 .....	X						21,375	0	0		
DAVID SIKORA ..... DIRECTOR	4 00 .....	X						13,125	0	0		
STEPHANIE SHERRODD ..... PRESIDENT	40 00 .....			X				789,853	0	20,501		
MILTON STEVENS ..... SENIOR VP- RETAIL LENDING	40 00 .....			X				334,947	0	20,501		
ISAAC JOHNSON ..... SENIOR VP & CRO	40 00 .....			X				274,653	0	1,851		
RHONDA PAVLICEK ..... SENIOR VP & CFO	40 00 .....			X				400,941	0	20,501		
CHARLES SMITH ..... SENIOR VP & CLO	40 00 .....			X				339,387	0	16,294		

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			
COURTLAND CROUCHET ..... SENIOR VP - CRO	40 00 .....			X				330,105	0	20,501
TIMOTHY BENNETT ..... VP - CHIEF BRAND OFFICER	40 00 .....				X			279,692	0	13,494
LUCILLA HENDERSON ..... VP- COMMUNITY RELATIONS	40 00 .....				X			177,352	0	17,704
WESLEY GARNER ..... VP - WEALTH MANAGEMENT	40 00 .....				X			325,883	0	17,495
MILTON LUCAS ..... VP BUSINESS SERVICES	40 00 .....				X			160,552	0	17,225
GARY LANIER ..... VP-STRATEGIC INITIATIVES	40 00 .....				X			189,568	0	18,392
TANGY NAPIER ..... VP-MEMBER EXPERIENCE	40 00 .....				X			195,053	0	14,459
VANDI THERIOT ..... VP-TALENT SERVICES	40 00 .....				X			210,148	0	5,132
WESLEY WOLFF ..... PRESIDENT-INS AGENCY	40 00 .....				X			234,535	0	17,402
BONITA TUCKER ..... VP - OPERATIONS	40 00 .....				X			193,348	0	17,381



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			
ANDREW WAYMAN ..... VP - DIGITAL STRATEGY	40 00 .....				X			242,903	0	20,497
JASON SCHNEIDER ..... VP - FINANCE	40 00 .....				X			198,290	0	17,594
LORETTA WILLIAMS ..... VP - RESIDENTIAL LENDING	40 00 .....				X			162,731	0	17,009
LUKE BILLERI II ..... VP - MEMBER CENTERS	40 00 .....				X			173,219	0	14,278
RACHEL DECKER ..... REGIONAL VP - DALLAS	40 00 .....					X		157,312	0	5,002
JOHN GALLO ..... DIRECTOR - A & S	40 00 .....					X		169,941	0	17,136
PATRICK BEALE ..... WEALTH ADVISOR	40 00 .....					X		174,305	0	17,324
BETHANY DAVIS ..... WEALTH ADVISOR	40 00 .....					X		300,584	0	19,523
MARCUS MANNING ..... DIRECTOR - SIO	40 00 .....					X		167,939	0	10,977

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (TEXAS DOW ECU) and Employer identification number (74-1260543)

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.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2 regarding art and historical treasures.

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |               |    |
|--|---------------|----|
|  | Yes           | No |
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .		7,347,331		7,347,331
<b>b</b> Buildings		37,147,329	12,223,106	24,924,223
<b>c</b> Leasehold improvements		7,364,695	4,923,016	2,441,679
<b>d</b> Equipment . . . . .		54,106,215	40,644,364	13,461,851
<b>e</b> Other . . . . .		864,613		864,613
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				49,039,697

**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)		
<b>Total.</b> (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
MEMBERS' SHARES AND SAVINGS ACCOUNTS	2,341,060,079
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,341,060,079

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	186,627,540
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	475,000	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	475,000
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	186,152,540
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	7,837	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	7,837
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	186,160,377

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	184,078,458
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	1,333	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,333
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	184,077,125
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	7,839	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	7,839
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	184,084,964

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 74-1260543

**Name:** TEXAS DOW ECU

## Supplemental Information

Return Reference	Explanation
PART IV, LINE 1B	CUSTODIAL FUNDS IN ESCROW REPRESENT PAYMENTS FOR PRINCIPAL AND INTEREST, AS WELL AS FOR TAXES AND INSURANCE THESE AMOUNTS ARE HELD IN ESCROW, WITH A CORRESPONDING LIABILITY RECORDED UNTIL THE DATE THAT SUCH FUNDS ARE RELEASED BY THE CREDIT UNION FOR THEIR INTENDED PURPOSE THE AUDITED FINANCIAL STATEMENT OFFSETS THE ESCROW AND AGENCY FUNDS BY THE AMOUNT OF THE SEGREGATED SPECIAL BANK ACCOUNTS AND EXCLUDES THOSE ACCOUNTS FROM CORPORATE ASSETS THIS RETURN INCLUDES THE SEGREGATED CASH ACCOUNTS IN FORM 990, PART X ON LINES 1 AND 2 AND DISCLOSES THE ESCROW ACCOUNT BALANCES ON LINE 21

**Supplemental Information**

Return Reference	Explanation
PART IV, LINE 2B	<p>CUSTODIAL FUNDS IN ESCROW REPRESENT PAYMENTS FOR PRINCIPAL AND INTEREST, AS WELL AS FOR TAXES AND INSURANCE THESE AMOUNTS ARE HELD IN ESCROW, WITH A CORRESPONDING LIABILITY RECORDED UNTIL THE DATE THAT SUCH FUNDS ARE RELEASED BY THE CREDIT UNION FOR THEIR INTENDED PURPOSE THE AUDITED FINANCIAL STATEMENT OFFSETS THE ESCROW AND AGENCY FUNDS BY THE AMOUNT OF THE SEGREGATED SPECIAL BANK ACCOUNTS AND EXCLUDES THOSE ACCOUNTS FROM CORPORATE ASSETS</p> <p>THIS RETURN INCLUDES THE SEGREGATED CASH ACCOUNTS IN FORM 990, PART X ON LINES 1 AND 2 AND DISCLOSES THE ESCROW ACCOUNT BALANCES ON LINE 21</p>



**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	<p>THE CREDIT UNION IS EXEMPT, BY STATUTE, FROM FEDERAL AND STATE INCOME TAXES TEXAS DOW EMPLOYEES CREDIT UNION IS A STATE-CHARTERED CREDIT UNION DESCRIBED IN INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(14) AS SUCH, THE CREDIT UNION IS EXEMPT FROM FEDERAL TAXATION OF INCOME DERIVED FROM THE PERFORMANCE OF ACTIVITIES THAT ARE IN FURTHERANCE OF ITS EXEMPT PURPOSES HOWEVER, IRC SECTION 511 IMPOSES A TAX ON THE UNRELATED BUSINESS INCOME (AS DEFINED IN SECTION 512) DERIVED BY STATE-CHARTERED CREDIT UNIONS MANY STATES HAVE SIMILAR LAWS THE SPECIFIC APPLICATION OF SECTION 512 TO THE VARIOUS ACTIVITIES CONDUCTED BY STATE-CHARTERED CREDIT UNIONS HAS BEEN AN ISSUE FOR MANY YEARS IN 2007, THE INTERNAL REVENUE SERVICE ("IRS") ISSUED A SERIES OF TECHNICAL ADVICE MEMORANDA ("TAM") TO A NUMBER OF STATE-CHARTERED CREDIT UNIONS LOCATED THROUGHOUT THE COUNTRY IN THESE TAMS, THE IRS RULED CERTAIN PRODUCTS AND SERVICES TO BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME IN LIGHT OF THE TAMS, THE CREDIT UNION HAS ASSESSED ITS ACTIVITIES AND ANY POTENTIAL FEDERAL OR STATE INCOME TAX LIABILITY IN THE OPINION OF MANAGEMENT, ANY LIABILITY ARISING FROM FEDERAL OR STATE TAXATION OF ACTIVITIES DEEMED TO BE UNRELATED TO ITS EXEMPT PURPOSE IS NOT EXPECTED TO HAVE A MATERIAL EFFECT ON THE CREDIT UNION'S FINANCIAL CONDITION OR RESULTS OF OPERATIONS</p>

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CENTURY OAKS TITLE COMPANY, L L C - TIMING DIFFERENCE 475,000

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	GAIN/LOSS ON INVESTMENT 7,834 ROUNDING 3

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	NET CHANGE IN UNREALIZED LOSS ON SECURITIES 1,333

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	GAIN/LOSS ON INVESTMENT 7,834 ROUNDING 5

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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

**2015**  
Open to Public Inspection

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

Name of the organization TEXAS DOW ECU	Employer identification number 74-1260543
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**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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> <p> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account  <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</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>	Yes	
<p><b>2</b> 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>	Yes	
<p><b>3</b> 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> <p> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations  <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p>	Yes	
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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><b>a</b> The organization?</p>		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>		
<p><b>6</b> 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><b>a</b> The organization?</p>		
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		
<p><b>8</b> 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>		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**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 1B	THE ORGANIZATION GROSSED UP PAYMENTS THAT ARE OUT OF THE ORDINARY (E G BONUSES, RELOCATION, ETC ) SO THAT THE PAYMENT WILL BE TAX-NEUTRAL TO THE RECIPIENT ONLY ONE EMPLOYEE REQUIRED TO BE LISTED ON THIS FORM HAD A COUNTRY CLUB MEMBERSHIP THAT WAS SUBSIDIZED THE EMPLOYEE IS NO LONGER EMPLOYED BY THE ORGANIZATION THE ORGANIZATION HAS A POLICY FOR EXPENSE REIMBURSEMENTS AND REQUIRES RECEIPTS AND PROOF OF EXPENSES PRIOR TO REIMBURSING
PART I, LINES 4A-B	2016 SEVERANCE PAYMENTS PATRICK CLAYTON \$ 14,642 TEJESWI CULLI \$ 13,846 JAMES DANIEL \$ 16,959 SARATH DESAMSETTY \$ 17,431 SANDRA GONZALES \$ 93,000 TRUNG PHAM \$ 14,689 JESSE WELSH \$ 16,962 457(F) PLAN 2016 PURCHASE PAYMENTS STEPHANIE SHERRODD \$113,250 RHONDA PAVLICEK \$ 39,248 MILTON E STEVENS \$ 36,201 CHARLES SMITH \$ 34,870



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 74-1260543  
**Name:** TEXAS DOW ECU

**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				
1STEPHANIE SHERRODD PRESIDENT	(i)	537,692	215,000	37,161	10,000	10,501	810,354	0
	(ii)	0	0	0	0	0	0	0
2MILTON STEVENS SENIOR VP- RETAIL LENDING	(i)	253,515	74,400	7,032	10,000	10,501	355,448	0
	(ii)	0	0	0	0	0	0	0
2ISAAC JOHNSON SENIOR VP & CRO	(i)	219,200	45,534	9,919	0	1,851	276,504	0
	(ii)	0	0	0	0	0	0	0
3RHONDA PAVLICEK SENIOR VP & CFO	(i)	285,138	68,000	47,803	10,000	10,501	421,442	0
	(ii)	0	0	0	0	0	0	0
4CHARLES SMITH SENIOR VP & CLO	(i)	251,923	62,000	25,464	6,546	9,748	355,681	0
	(ii)	0	0	0	0	0	0	0
5COURTLAND CROUCHET SENIOR VP - CRO	(i)	258,938	65,400	5,767	10,000	10,501	350,606	0
	(ii)	0	0	0	0	0	0	0
6TIMOTHY BENNETT VP - CHIEF BRAND OFFICER	(i)	221,769	36,500	21,423	3,970	9,524	293,186	0
	(ii)	0	0	0	0	0	0	0
7LUCILLA HENDERSON VP- COMMUNITY RELATIONS	(i)	165,206	12,146	0	7,370	10,334	195,056	0
	(ii)	0	0	0	0	0	0	0
8WESLEY GARNER VP - WEALTH MANAGEMENT	(i)	175,000	0	150,883	7,583	9,912	343,378	0
	(ii)	0	0	0	0	0	0	0
9MILTON LUCAS VP BUSINESS SERVICES	(i)	150,800	9,752	0	6,735	10,490	177,777	0
	(ii)	0	0	0	0	0	0	0
10GARY LANIER VP-STRATEGIC INITIATIVES	(i)	171,600	16,500	1,468	7,788	10,604	207,960	0
	(ii)	0	0	0	0	0	0	0
11TANGY NAPIER VP-MEMBER EXPERIENCE	(i)	168,750	17,550	8,753	4,050	10,409	209,512	0
	(ii)	0	0	0	0	0	0	0
12VANDI THERIOT VP-TALENT SERVICES	(i)	183,986	26,162	0	2,600	2,532	215,280	0
	(ii)	0	0	0	0	0	0	0
13WESLEY WOLFF PRESIDENT-INS AGENCY	(i)	200,000	20,000	14,535	6,946	10,456	251,937	0
	(ii)	0	0	0	0	0	0	0
14BONITA TUCKER VP - OPERATIONS	(i)	171,863	16,990	4,495	7,691	9,690	210,729	0
	(ii)	0	0	0	0	0	0	0
15ANDREW WAYMAN VP - DIGITAL STRATEGY	(i)	216,769	20,601	5,533	9,996	10,501	263,400	0
	(ii)	0	0	0	0	0	0	0
16JASON SCHNEIDER VP - FINANCE	(i)	174,381	17,200	6,709	7,888	9,706	215,884	0
	(ii)	0	0	0	0	0	0	0
17LORETTA WILLIAMS VP - RESIDENTIAL LENDING	(i)	141,292	21,000	439	6,716	10,293	179,740	0
	(ii)	0	0	0	0	0	0	0
18LUKE BILLERI II VP - MEMBER CENTERS	(i)	147,995	18,591	6,633	4,738	9,540	187,497	0
	(ii)	0	0	0	0	0	0	0
19RACHEL DECKER REGIONAL VP - DALLAS	(i)	110,000	11,000	36,312	3,671	1,331	162,314	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				
<b>1</b> JOHN GALLO DIRECTOR - A & S	(i)	158,908	10,873	160	6,992	10,144	187,077	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>1</b> PATRICK BEALE WEALTH ADVISOR	(i)	26,615	0	147,690	7,258	10,066	191,629	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>2</b> BETHANY DAVIS WEALTH ADVISOR	(i)	26,615	0	273,969	9,457	10,066	320,107	0
	(ii)	0	0	0	0	- 0	- 0	0
<b>3</b> MARCUS MANNING DIRECTOR - SIO	(i)	152,822	10,600	4,517	1,624	9,353	178,916	0
	(ii)	0	0	0	0	- 0	- 0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
TEXAS DOW ECU

Employer identification number

74-1260543

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ALL MEMBERS HAVE THE RIGHT TO PARTICIPATE IN THE ELECTION OF THE GOVERNING BODY MEMBERS DO NOT HAVE THE RIGHT TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY ALL MEMBERS RECEIVE A SHARE OF THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS ELECT THE BOARD OF DIRECTORS BY THE USE OF ELECTRONIC DEVICE, ABSENTEE BALLOT OR MAIL BALLOT

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE TAX RETURN WILL BE REVIEWED BY THE SVP/CFO AND CONTROLLER

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL OFFICERS, DIRECTORS AND MANAGERS MUST REPORT ANNUAL ACKNOWLEDGEMENT OF ANY POTENTIAL CONFLICT OF INTEREST AS INDICATED BY TDECU'S BUSINESS ETHICS POLICY

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PROCESS FOR THE CEO INCLUDES A COMPENSATION REVIEW THAT IS CONDUCTED BY AN OUTSIDE CONSULTANT USING EXTERNAL MARKET DATA. THE RESULTS ARE SUBMITTED TO A COMPENSATION COMMITTEE THAT THEN REVIEWS AND RECOMMENDS PAY ADJUSTMENTS BASED ON MARKET AND CEO PERFORMANCE. THE COMPENSATION COMMITTEE IS COMPRISED OF BOARD MEMBERS. THE COMPENSATION PROCESS FOR TOP MANAGEMENT INCLUDES A COMPENSATION REVIEW THAT IS CONDUCTED BY AN OUTSIDE CONSULTANT USING EXTERNAL MARKET DATA. THE RESULTS ARE SUBMITTED TO CEO AND SVPS FOR REVIEW AND RECOMMENDATIONS ON PAY ADJUSTMENTS BASED ON MARKET POSITION AND PERFORMANCE. AT RISK PAY IS REVIEWED AND APPROVED BY THE CEO.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MONTHLY FINANCIAL STATEMENTS ARE PUBLICLY DISPLAYED IN EACH BRANCH OFFICE ARTICLES OF INCORPORATION AND BYLAWS ARE AVAILABLE UPON REQUEST BY ANY MEMBER



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CENTURY OAKS TITLE COMPANY, L L C - PRIOR YEAR TIMING DIFFERENCE 1,062,158 ROUNDING 4

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C	THE PROCESS BY WHICH THE AUDIT COMMITTEE OVERSEES THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE FROM THE PRIOR YEAR

**SCHEDULE R  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

Name of the organization  
TEXAS DOW ECU

**Employer identification number**  
74-1260543

**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
<b>(1)</b> TDECU INSURANCE AGENCY LLC 1001 FM 2004 LAKE JACKSON, TX 77566 26-0901021	INSURANCE AGENCY	TX	3,526,233	10,011,855	TDECU HOLDINGS LLC
<b>(2)</b> TDECU REAL ESTATE LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-0957732	REAL ESTATE AGENCY	TX	-71,221	504,229	TDECU HOLDINGS LLC
<b>(3)</b> TDECU HOLDINGS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3582513	HOLDING COMPANY	TX	3,455,012	10,015,654	TEXAS DOW ECU
<b>(4)</b> TDECU WEALTH ADVISORS LLC 1001 FM 2004 LAKE JACKSON, TX 77566 45-3581914	MANAGEMENT	TX	0	0	TEXAS DOW ECU
<b>(5)</b> LOAN ORIGINATION ACQUISITION NETWORK LLC 1001 FM 2004 LAKE JACKSON, TX 77566 46-2758520	CONSULTING	TX	-18,625	24,290	TEXAS DOW ECU

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

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

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

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

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

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

**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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

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

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



**Part VII** **Supplemental Information**

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

**Return Reference****Explanation**