DLN: 93493316045779 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization SPOKANE TEACHERS CREDIT UNION D Employer identification number B Check if applicable ☐ Address change 91-0565128 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1620 N Signal Drive □ Application pending (509) 326-1954 City or town, state or province, country, and ZIP or foreign postal code Liberty Lake, WA  $\,$  99019  $\,$ G Gross receipts \$ 392,262,808 F Name and address of principal officer H(a) Is this a group return for Brian Scott □Yes ☑No subordinates? 1620 N Signal Dr H(b) Are all subordinates Liberty Lake, WA 99019 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (14) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www stcu org L Year of formation 1934 M State of legal domicile K Form of organization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Credit Union WA Summary 1 Briefly describe the organization's mission or most significant activities STCU is committed to maximizing the value of every financial relationship through cost-effective financial services consistent with cooperative principles, applicable legislation, and prudent management STCU serves 187,720 members as of 12/31/18 Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 799 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 220,802 b Net unrelated business taxable income from Form 990-T, line 34 7b 163,543 **Prior Year Current Year** 87,510 86.365 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 123,687,568 141,692,433 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 3,606,608 4,947,622 -175,610 -221,198 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 127,204,931 146,506,367 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,055,146 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 11,958,401 14,406,974 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 46,350,643 51,936,948 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 49,436,212 47,186,790 107,745,256 114,585,858 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 19,459,675 31,920,509 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,739,031,927 2,986,315,665 2,669,350,185 21 Total liabilities (Part X, line 26) . 2,453,483,091 285,548,836 316,965,480 22 Net assets or fund balances Subtract line 21 from line 20 . 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 2019-11-07 Signature of officer Sign Here Brian Scott VP of Accounting and Finance Type or print name and title Date Print/Type preparer's name Preparer's signature Check | If Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Form	990 (2	018)							Page <b>2</b>
The Briefly describe the organization's mission  STCU is committed to maximizing the value of every financial relationship through cost-effective financial services consistent with cooperative principles, applicable legislation, and prudent management. STCU serves 187,720 members as of 12/31/18  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Pa	rt III	Statement of I	Program Servic	e Accomplish	nments				
STCU is committed to maximizing the value of every financial relationship through cost-effective financial services consistent with cooperative principles, applicable legislation, and prudent management. STCU serves 187,720 members as of 12/31/18  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?			Check if Schedule	O contains a respo	nse or note to a	ny line in this Part III				
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	1	Briefly	describe the organ	nization's mission						
the prior Form 990 or 990-EZ?									t with cooperative	
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2		<del>-</del>	, -		<del>-</del> ,		ted on		o
services?		If "Yes	s," describe these n	ew services on Sch	nedule O					
If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 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 s including grants of S ) (Revenue S )  See Additional Data  4b (Code ) (Expenses s including grants of S ) (Revenue S )  See Additional Data  4c (Code ) (Expenses s including grants of S ) (Revenue S )  Here are a constant of the constant of	3	Did th	e organization ceas	e conducting, or m	ake significant o	hanges in how it cond	ucts, any program	m		
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 \$ )  Here are a services (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Act (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Add Other program services (Describe in Schedule O )									☐ Yes 🗹	No
See Additional Data  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) See Additional Data  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Add Other program services (Describe in Schedule O )	4	Sectio	n 501(c)(3) and 50	1(c)(4) organizatio	ns are required	to report the amount				
See Additional Data  4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) See Additional Data  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Add Other program services (Describe in Schedule O )	42	(Code		\ (Eynenses \$		including grants of \$		) (Revenue \$	1	
See Additional Data  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )		•	ldıtıonal Data	, ( <u>-</u> ,				, ( +	,	
See Additional Data  4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )										
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O )	4b	(Code		) (Expenses \$		including grants of \$		) (Revenue \$	)	
4d Other program services (Describe in Schedule O )		See Ad	ditional Data							
	4c	(Code		) (Expenses \$		including grants of \$		) (Revenue \$	)	
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0.)	4d	Other	program services (	Describe in Schedu	ıle O )					
(Expenses 4		(Expe	nses \$	0 incli	uding grants of :	\$	0 ) (Revenue \$	\$	0)	
4e Total program service expenses ▶ 0	4e	Total	program service	expenses 🕨		0				

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Nο

Νo

No

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Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Yes 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 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? 5 No 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? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο If "Yes," complete Schedule D, Part III R 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 Yes 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Nο 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Yes the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? **12**b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a Nο **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 14h Nο Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο

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

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

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

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

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

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

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

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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Part V

Part V, line 1 . . .

Nο

Nο

Nο

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Nο

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193,829

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Yes

Yes

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Pa	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes." complete Schedule M.			No

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g 

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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 . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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9a

9h

12a

13a

14a

14b

15

No

Nο

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Form	990 (2018)			Page (
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Not 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	•		lines 🗸
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b Yes 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 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes 13 13 Yes Did the organization have a written document retention and destruction policy? . . . . . . . . . . . 14 Yes 14 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? a The organization's CEO, Executive Director, or top management official . . . . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17 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 Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►Spokane Teachers Credit Union 1620 N Signal Drive Liberty Lake, WA 99019 (509) 326-1954

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high of reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed organ	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	г
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1000 MISC)	MISC)	related organizations
See Addition	al Data Table						Ŀ				
					l	1		l			

Page 8

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ox, ui n offi or/tr	che nless icer uste	s pers and a ee)	son I	(D) Reportable compensatio from the organization ( 2/1099-MISo	on (W-	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		Estin amount compe from	F) nated of other nsation n the ation and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	Z/ 1033-1412-		2/1055-1112	3C)	related organizations	
See /	Additional Data Table					_								
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	ub-Total					_	<b>&gt;</b> _			<u> </u>				
		c Total from continuation sheets to Part VII, Section A										0		1,302,780
									4,189,528	네		<u> </u>		· <u>· ·                                  </u>
2	Total number of individuals (including of reportable compensation from the o	but not limited	to thos			ove		rece	· · ·		0,000			
3	of reportable compensation from the of	but not limited organization • !	to those 59 or truste	e liste	ed ab		) who		eived more thai	n \$10			Yes	No
	of reportable compensation from the o	officer, director of for such individuals	to those 59 or truste dual .	ee, ke	ed ab	mplo	yee, o	or hig • other	ghest compension	n \$10 ated	employee on	3	Yes	
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is organization and related organizations.	officer, director of for such individent the sum of repose greater than \$	or trusted	ee, ke	ey en ensat	mplor tion " coi	yee, of and of mplet	or high	ghest compension or surface or su	ated of from ch	employee on · · the	3	Yes	No
3 4 5	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule Jorganization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted	ee, ke	ey en ensat	mplor tion " coi	yee, of and of mplet	or high	ghest compension or surface or su	ated of from ch	employee on · · the	3	Yes	
3 4 5	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	ghest compensation hedule J for surporganization or	ated of from ch of individual	employee on the	3	Yes	No
3 4 5	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	compensation or surface in the organization or the organization the organization the organization or the o	n \$10 ated (	employee on the	3 4 5	Yes Yes	No No
3 4 5 Se 1 Smart	Did the organization list any former of line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	compensation or surface in the organization or the organization the organization the organization or the o	n \$10  ated ( from ch	employee on the the sidual for stax year (B) ption of service	3 4 5	Yes Yes  Nesation  Compo	No
3 4 5 See 1 Smart	Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	compensation or companization or compensation	n \$10  ated ( from ch  rindiv  than ation  Descript and i	employee on the the sidual for stax year (B) ption of service	3 4 5	Yes Yes  Nesation  Compo	No No CC) ensation
3 4 5 See 1 Smart PO Bo Atlant Fortree 2100 Coeur	Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	compensation or companization or compensation	n \$10  ated ( from ch  rindiv  than ation  Descript and i	employee on the the sidual for stax year (B) ption of service	3 4 5	Yes Yes  Nesation  Compo	No No No 245,842
3 4 5 Smart PO Boo Atlant Fortree 2100 Coeur Argus PO Bo	Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	compensation or companization or compensation	n \$10  ated of from ch of individual channels and channels are channels and channels are channels and channels and channels and channels and channels and channels and channels are channels and channels and channels are channels and channels and channels are channels and channels and channels and channels and channels are channels and channel	employee on the the sidual for stax year (B) ption of service	3 4 5	Yes Yes  Nesation  Compo	No No No 1,714,768
3 4 5 Smart PO Boo Atlant Fortree 2100 Coeur Argus PO Boo Spoka	Did the organization list any former of line 1a? If "Yes," complete Schedule J. For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	phest compensation or compensation or compensation or corganization or cor	n \$100 ated (	employee on the the sidual for stax year (B) ption of service	3 4 5 compe	Yes Yes  Nesation  Compo	No No No 245,842
3 4 5 Smart PO Boo Atlant Fortree 2100 Coeur Argus PO Boo Spoka Cornee 114 W Spoka	Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	phest compensation or compensa	ated of from ch individual ation.  Description and C and C and C and C and C	employee on the the sidual for \$100,000 of s tax year (B) ption of services Mailing	3 4 5 compe	Yes Yes  Nesation  Compo	No No No 1,714,768 245,842 145,514
3 4 5 See 1 Smart PO Boo Atlant Fortree 2100 Coeur Argus PO Boo Spoka Cornee 114 W Spoka Musta	Did the organization list any former of line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is organization and related organizations individual	officer, director of for such individual the sum of reposes greater than \$	or trusted of the control of the con	ee, ke	ey en ensat	mplor tion " con any u	and of the complete characters to constitute the co	or high	phest compensation or compensation or compensation or corganization or cor	ated of from ch individual ation.  Description and C and C and C and C and C	employee on the the sidual for \$100,000 of s tax year (B) ption of services Mailing	3 4 5 compe	Yes Yes  Nesation  Compo	No No No 245,842 145,514

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

compensation from the organization ▶ 6

Part		Statement of	Revenue											rage <b>3</b>
		Check if Schedul	e O contains a	a respo	onse or not	e to any	line in th	ııs Part VIII						🗆
								<b>A)</b> evenue	e fu	(B) ated or xempt nction	ı	(C) Unrelated business revenue		(D) Revenue coluded from under sections
	1.	a Federated campaig	ns	1a					re	venue				512 - 514
nts nts		<b>b</b> Membership dues		1b		87,510								
irai 10 u		c Fundraising events		1c		0								
Gifts, Grants illar Amounts		d Related organizatio		1d										
활동		e Government grants (co		<u> </u>										
s, ( im:			,	1e	1									
ie S		f All other contributions and similar amounts n above	ot included	1f		0								
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution	ons included	0	I									
Son		h Total. Add lines 1a				<b>&gt;</b>		07.540						
<u> </u>						Business	: Code T	87,510			Т			
HI e	2-	Loan Interest Income			<u> </u>	Jusiness	-	109,	558,034	109,55	8,034		0	0
Service Revenue		Fees and Service Charge	<u> </u>				522100	29,	408,847	29,18	8,045	220,	802	0
o <u>r</u>		Loan Svc and Originatio					522100	2,	725,552	2,72	5,552		0	0
, AlC							522100							
3	d	i		_										
Program	e	•		_					0		0		0	0
rogi	f	All other program se	rvice revenue			1/1	 692,433							
٩	g	<b>Total.</b> Add lines 2a-2	2f		<b>•</b>	141,	092,433							
		Investment income (i			interest, an	d other		4,231,61	5	(		C		4,231,615
		similar amounts). Income from investm			and procee	ds •	<u>`</u>		0		<u> </u>			0
							.		0	(		C	1	0
		•	(ı) Rea		(II) Per	sonal								
	6a	Gross rents					7							
		<b>b</b> Less rental expenses		73,379 94,577			0							
		Less Tental expenses	]	.54,577										
	(	Rental income or	-2	21,198			0							
	(loss)						4	-221,19	8	(	1	C		-221,198
	d Net rental income or (loss)				(11) 01	her	1			•	1			
	7 <i>a</i>	Gross amount	(i) Securit											
		from sales of assets other		0	24	5,977,87	1							
		than inventory												
	t	<b>b</b> Less cost or other basis and		0	24	5,261,86	4							
		sales expenses		0		716,00								
		C Gain or (loss)  d Net gain or (loss) .				-	<u>′</u>	716,00	7	716,00	7	C	,	0
		Gross income from f				<b>•</b>	╁──			,				
e		(not including \$												
æ		contributions reporte See Part IV, line 18		а										
Re	ŀ	<b>b</b> Less direct expense	s	b			1							
er	•	c Net income or (loss)	from fundrais	ing ev	ents	<b>&gt;</b>								
Other Revenue	9 <i>a</i>	Gross income from g See Part IV, line 19	amıng actıvıtı	es										
		See Pait IV, IIIle 19		а										
	ŀ	Less direct expense	s	b			1							
	(	c Net income or (loss)	from gaming	activit	ies	<b>&gt;</b>	_							
	10	<b>a</b> Gross sales of invent returns and allowand												
		returns and anowant	.es	a	}									
	ŀ	Less cost of goods s	sold	Ь			1							
		• Net income or (loss)		invent	tory	<b></b>	_							
		Miscellaneous			Business	Code								
	11	La												
													L	
	ŀ	ь												
	•	c												
	•	d All other revenue .												
	•	e <b>Total.</b> Add lines 11a	-11d			<b>&gt;</b>			0					
	12	<b>2 Total revenue.</b> See	Instructions			<b>&gt;</b>		146,506,36		142,187,638		220,802		4,010,417
								140,300,36	<u> </u>	142,107,038	1	220,802		rm <b>990</b> (2018)

Part IX	Statement of Functional Expenses
C t	(/-)(2) I F01(-)(4)

Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all col	umns All other orga	inizations must com	olete column (A)	
Check if Schedule O contains a response or note to any I	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,055,146			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	14,406,974			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,375,003			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	32,776,947			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,904,372			
9 Other employee benefits	8,831,085			
10 Payroll taxes	3,049,541			
11 Fees for services (non-employees)				
a Management	0			
<b>b</b> Legal	79,702			
c Accounting	222,992			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,413,655			
.2 Advertising and promotion	3,061,479			
.3 Office expenses	1,646,062			
.4 Information technology	3,084,930			
.5 Royalties	0			
L <b>6</b> Occupancy	3,213,830			
L <b>7</b> Travel	0			
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
.9 Conferences, conventions, and meetings	1,082,123			
20 Interest	3,974,293			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,124,227			
23 Insurance	0			
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 Processing Expense	13,393,976			
b Provision for Loan Loss	7,209,155			
c Loan Servicing Expense	1,916,915			
d Postage and Shipping	998,626			
e All other expenses	-235,175			
25 Total functional expenses. Add lines 1 through 24e	114,585,858	0	0	
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 In 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 $$ .			🗆
	<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
1 Cash-non-interest-bearing	1,004,894	1	22,677,699
2 Savings and temporary cash investments	129,663,045	2	118,178,187
3 Pledges and grants receivable, net	0	3	0
4 Accounts receivable, net	0	4	463,791

113,022,645

45,325,740

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete

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

10a

10b

Part II of Schedule L . . . . .

Prepaid expenses and deferred charges

basis Complete Part VI of Schedule D

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

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

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

Part II of Schedule L .

Notes and loans receivable, net Inventories for sale or use .

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Page 11

2.574.746.503

12.945.711

67,696,905

132,953,711

16.002.000

458.357

40.192.801

23.413.752

4.008.607

267.258.598

2.374.669.228

2.669.350.185

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316,965,480

316,965,480

2,986,315,665

Form **990** (2018)

2.986.315.665

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285,548,836

285,548,836

2,739,031,927

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2.369.740.655

2.637.255

59,480,803

118.108.040

12.871.300

45.525.935

25.559.246

3.786.669

246,242,127

2.177.895.049

2.453.483.091

2.739.031.927

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Assets
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32

33

34

Liabilities 22

Fund Balance

ō 30

Assets 31

Net

Form 990 (2018)

3a

3b

No

Form 990 (2018)

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

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

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

Audit Act and OMB Circular A-133?

#### **Additional Data**

**Software ID:** 18007995

**EIN:** 91-0565128

**Software Version:** v1.00

Name: SPOKANE TEACHERS CREDIT UNION

Form 990 (2018)

#### 101111 330 (2010)

Form 990, Part III, Line 4a:

STCU has outstanding loans of \$2,600,285,364 at December 31, 2018, representing 128,850 individual loans STCU offers credit cards, auto, RV, and boat loans, 1st mortgage real estate loans, other real estate loans and lines of credit, and commercial loans Revenues from loan activities include interest income earned, as well as loan origination and servicing fees

Form 990, Part III, Line 4b:

STCU provides share and deposit products, including checking, savings, money market, certificates, and IRA/Keogh accounts. At December 31, 2018, STCU had total share and deposit balances of \$2,374,669,228 representing 298,964 individual accounts STCU paid members dividends on their share and deposit accounts \$14,406,675 in 2018

STCU earns various fees on transactions, balances or other financial products as outlined in the membership agreement or published fee schedules

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation from the any hours and a director/trustee) organization organizations

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

and Independent Contractors

Director Terri Alvarado

Director Wally Stanley

Director

Director Nick Leute

Director Steven Jones

Director

Robert Jay Walter

	1 2	u u u oo.o., uo.oo,						(1)	(14) 0 (4 000		
	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Dolores Humiston Chairwoman	2	x						11,515	0	0	
Catherine Brazil Director	20	x						9,500	0	0	
Kathryn Dobson Chairwoman	0	х						4,750	0	0	

0

0

0

0

0

0

9,500

9,500

9,500

2,375

9,500

7,125

Director	0				9,500	
Kathryn Dobson	2	x			4,750	
Chairwoman	0	^			1,750	
Kevin Spohr	2	×			5,323	
Supervisory Com	0				3,323	
Dennis Michael Rennaker	2					

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation compensation hours per amount of other person is both an officer week (list from the from related compensation

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

	any hours	and	a dır	director/trustee) organization		organization	organizations	from the		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Robert Loomis Director	2	X						9,500	0	0
Chris Morlan Vice Chair	2	х						9,500	0	0
Janet McCann Supervisory Com	0	x						4,750	0	0
Tammy Fleiger Vice President	40			х				297,453	0	56,085
Evelyn Hopkins	40			х				280,212	0	117,031

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314,823

269,696

279,140

187,496

93,821

91,564

83,538

45,545

49,548

378,207

0

40

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40

40

40

lammy Fleiger
Vice President
Evelyn Hopkins
CAO
Lindsey Myhre

CFO

CLO

David Flood

Barbara Richey

Vice President

Vice President

Thomas Johnson

President and CEO

Laura Wood

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

any hours

and Independent Contractors

Darren McNannay

Scott Rabe

Richard Lentz

Christie Moore

Brendan Wiechert

Director Real Estate

Director Software Dev

Director Consumer Lending

Commercial Banking Manager

Director Commercial Lending

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

and a director/trustee)

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organization

171,760

157,889

155,042

163,963

163,944

organizations

from the

36,149

50,061

46,697

43,738

26,298

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Belinda Caillouet COO/CIO	40			х			×	510,788	0	94,574
Patricia Kelly Vice President	40			×				224,160	0	47,465
Sean Watt Vice President	40			×			×	220,436	0	31,028
Ezra Eckhardt President and CEO	40			×				596,567	0	105,252

40

40

40

40

40

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

### Political Campaign and Lobbying Activities

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

2018

OMB No 1545-0047

DLN: 93493316045779

Open to Public Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

or 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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

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

Anspection

•	Section 527 organizations Comple	501(c)(3)) organizations Complete P te Part i-A only n Form 990, Part IV, Line 4, or Forr		·		, then	
• • f th Pro	Section 501(c)(3) organizations tha Section 501(c)(3) organizations tha	t have filed Form 5768 (election under t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy is), then	er section 501(h))  Co n under section 501(h)	mplete Part II-A  Do no i)  Complete Part II-B  l	t con Do no	nplete Part II-l ot complete Pa	art II-A
Na	ame of the organization OKANE TEACHERS CREDIT UNION	zations complete at in				ification nun	nber
Pai	rt I-A Complete if the orga	nization is exempt under sec	tion 501(c) or is	91-0565128 a section 527 orga		ation.	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political	campaign activities in	Part IV (see instructio	ns fo	r definition of	
2	Political campaign activity expend	ditures (see instructions)		•	\$		36,373
3	Volunteer hours for political camp	paign activities (see instructions)					0
Pa	rt I-B Complete if the orga	nization is exempt under sec	tion 501(c)(3).				
1	Enter the amount of any excise to	ax incurred by the organization unde	r section 4955	<b>&gt;</b>	\$		
2	Enter the amount of any excise to	ax incurred by organization manager	s under section 4955	•	\$		
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720 f	or this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b							
Pa	rt I-C Complete if the orga	nization is exempt under sec	tion 501(c), exce	pt section 501(c)	(3).		
1	·	led by the filing organization for sect	·		\$		36,373
2	Enter the amount of the filing org function activities	ganization's funds contributed to othe	er organizations for se	ction 527 exempt	\$		0
3	Total exempt function expenditur	es Add lines 1 and 2 Enter here and	d on Form 1120-POL,	line 17b ►	\$		36,373
4	Did the filing organization file For	rm 1120-POL for this year?				✓ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) r each organization listed, enter the a that were promptly and directly deliv ee (PAC) If additional space is needs	amount paid from the vered to a separate po	filing organization's fu olitical organization, su	nds /	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds If none, ente -0-	;	(e) Amount contribution: and promp directly delives separate programization enter	s received ptly and vered to a political in If none,
(1)	Credit Union Legislative Action Fund	33301 9th Ave STE 200 Federal Way, WA 98003	80-0043051	36,3	373		0
2							
3							
1							
5							
5							
or	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E	<b>Z.</b> Cat	No 50084S Schedule	C (Fe	orm 990 or 99	0-EZ) 2018

Grassroots ceiling amount

(b)

(a)

activity Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? d Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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). 2a Current year 2b b Carryover from last year 2c c Total 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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

Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

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

5

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated 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

executive positions, or Washington State Supreme Court Justices

Return Reference Schedule C, Part I-A, Line 1 STCU has a political action policy and may provide financial support on a non-partisan basis to individuals

Explanation

who support the credit union movement in Washington State legislative offices, Washington State elected

5

**SCHEDULE D** 

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

**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.

Cat No 52283D Schedule D (Form 990) 2018

DLN: 93493316045779 OMB No 1545-0047

Open to Public

Department of the Treasury

(Form 990)

		Tor the latest information.			pección	
	me of the organization OKANE TEACHERS CREDIT UNION		Employer ide	entification	number	
J. U	TO THE TENERS CREET STITEM		91-0565128			
Pa	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	or Accounts.			
	Complete if the organization answered "Ye					
		(a) Donor advised funds	(b)Funds	and other a	eccounts	
	Total number at end of year					
	Aggregate value of contributions to (during year)					
	Aggregate value of grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		dvised funds are		Yes 🗌 No	
1	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	onor advisors in writing that grant funds can or donor advisor, or for any other purpose	be used only for conferring imperi	missible	Yes □ No	
2a	rt II Conservation Easements. Complete if th	ne organization answered "Yes" on Fori	m 990, Part IV			
	Purpose(s) of conservation easements held by the organ	-	,			
	Preservation of land for public use (e g , recreation		historically impo	ortant land a	rea	
					ii Cu	
	☐ Protection of natural habitat	☐ Preservation of a	certified historic	structure		
	☐ Preservation of open space					
	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the fo		tion t the End o	f the Year	
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic	c structure included in (a)	2c			
d	Number of conservation easements included in (c) acquistructure listed in the National Register	` '	2d			
	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the organization	during the		
	·					
	Number of states where property subject to conservation	-				
	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		of violations,	☐ Yes	□ No	
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing c	onservation ease	ments durin	g the year	
	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conser	rvation easement	e during the	vear	
	<b>►</b> \$	nanaling of violations, and emoreting conser	vacion cascinicine	s during the	year	
1	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(u)$ ?	above satisfy the requirements of section 1	.70(h)(4)(B)(ı)	☐ Yes	□ No	
	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state	•			
ar	Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historical Treasures, or Oth	ner Similar As	sets.		
a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	6 (ASC 958), not to report in its revenue stapublic exhibition, education, or research in				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ	6 (ASC 958), to report in its revenue staten			•	
ſ	following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$			
	ii)Assets included in Form 990, Part X		· · · <u> </u>			
, ( <sup>1</sup>	If the organization received or held works of art, historic	•		de the		
_	following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	<b>.</b> .			
a	Revenue included on Form 990, Part VIII, line 1		<b>*</b> \$			
b	Assets included in Form 990, Part X					

Par	t III	Organizations Ma	aintaining Coll	ections o	of Art, H	istori	cal Tı	reası	ires, oi	r Other	Similar As	ssets (co.	ntınued)	
3		g the organization's acqi s (check all that apply)	uisition, accession	, and other	records,	check a	any of	the fo	llowing t	hat are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	rams			
b		Scholarly research				е		Othe	r					
С		Preservation for future	generations											
4	Prov Part	ide a description of the o	organization's coll	ections and	explain h	now the	y furth	ner the	e organiz	zation's ex	kempt purpo	se in		
5		ng the year, did the orga ts to be sold to raise fur									ılar	☐ Yes	□ N	o
Pa	rt IV	Escrow and Custon Complete if the orgonic X, line 21.			" on Forr	n 990	, Part	IV, lı	ne 9, o	r reporte	ed an amou	ınt on Fo	rm 990,	Part
1a		e organization an agent ded on Form 990, Part )		n or other	ıntermedi	ary for	contril	bution	s or othe	er assets I	not	Yes	☑ N	o
ь	If "Y	es," explain the arrange	ment in Part XIII	and comple	ete the fol	lowing	table				A	mount		_
c		nning balance		'		,				1c				_
d	Addı	tions during the year								1d				_
е		ributions during the year								1e				_
f	Endi	ng balance								1f				_
2a	Did t	the organization include	an amount on For	m 990. Par	t X. line 2	21. for	escrow	or cu	ıstodıal a	ccount lia	bility?	☐ Yes	✓ N	_ o
b		es," explain the arrange										_		
	rt V	Endowment Fund												
				(a)Curren			rior yea				(d)Three yea		e)Four year	rs back
<b>1</b> a	Begini	ning of year balance .	[											
b	Contri	butions												
c	Net ın	vestment earnings, gain	is, and losses											
d	Grants	s or scholarships												
е		expenditures for facilities rograms	es											
f	Admir	nistrative expenses .												
g	End of	f year balance	[											
2		ide the estimated percer	=	nt year end	balance	(line 1g	g, colu	mn (a	)) held a	S				
а	Boar	d designated or quasi-e	ndowment 🟲											
b	Perm	nanent endowment 🕨												
c	Tem	porarily restricted endov	vment 🟲											
3а	Are t	percentages on lines 2a, there endowment funds nization by	•			on that	t are h	eld an	d admın	istered fo	r the		Yes	No
	-	inrelated organizations										3a(		110
	• •	related organizations .										3a(i		
b	• •	es" on 3a(II), are the rel		s listed as r	equired o	n Sche	dule R	? .				3b		
4	Desc	ribe in Part XIII the inte	ended uses of the	organizatio	n's endow	ment f	unds							
Pa	rt VI	Land, Buildings, Complete of the org			" on Forr	n <u>9</u> 90	, Part	IV, lı	<u>ne</u> 11a.	. See For	<u>m 9</u> 90, Pa	rt X, lıne	10.	
	Descr	ription of property	(a) Cost or othe (Investmen	er basıs	(b) Cost of						lepreciation		Book valu	e
1a	Land			0			15,76	50,103					15	5,760,103
b	Buildir	ngs		0			51,79	93,287			15,889,916		35	5,903,371
С	Lease	hold improvements		0			2,35	50,003			1,149,801		1	,200,202
		ment		0			41,50	04,803			27,539,653		13	3,965,150

868,079

67,696,905

746,370

1,614,449

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

	(Form 990) 2018				Page
Part VII	<b>Investments—Other Securities.</b> Complete if See Form 990, Part X, line 12.	f the organiza	tion answ	ered "Yes" on Form 9	90, Part IV, line 11b.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation of-year market value
	ıl derıvatıves				
)					
)					
:)					
))					
)					
:)					
3)					
H)					
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	•			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' o				
	(a) Description of investment	( <b>b)</b> B	ook value		od of valuation f-year market value
L)					
2)					
3)					
1)					
5)					
5)					
7)					
8)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>			
Part IX	Other Assets. Complete if the organization answe  (a) Description		m 990, Par	t IV, line 11d See Form	990, Part X, line 15 <b>(b)</b> Book value
L)					
2)					
3)					
1)					
5)					
5)					
7)					
3)					
9)					
otal. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)				. •
Part X	<b>Other Liabilities.</b> Complete if the organization See Form 990, Part X, line 25.	n answered 'Y	es' on Foi	rm 990, Part IV, line 1	.1e or 11f.
•	(a) Description of liability		<b>(b)</b> Bo	ook value	
	ounts - Money Market			0 779,479,019	
	ounts - Share Certificates			570,762,644	
	ounts- Checking			474,686,000	
	ounts- Savings ounts- IRA Shares			428,033,020 61,098,873	
•	ounts- IRA Certificates		_	60,609,672	
') 					
3)					
9)					
	n (b) must equal Form 990, Part X, col (B) line 25 )				and the base of the state of th
	or uncertain tax positions In Part XIII, provide the tex 's liability for uncertain tax positions under FIN 48 (AS				

Schedule D (Form 990) 2018

Part XI

3

4

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Page 4

72,436

494,577

146,506,367

114,091,281

114,091,281

494,577

114.585.858

Schedule D (Form 990) 2018

146,011,790

d	Other (Describe in Part XIII )
е	Add lines 2a through 2d

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12
а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII )
_	Add been 3a Aberrah 3d

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

Add lines 2a through 2d . .

Return Reference

Other (Describe in Part XIII ) . . . . . .

Supplemental Information

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIII ) . . . . . .

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2a

2b

2c 2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

494,577

72.436

0

4c

2e

3

4c

5

494.577

2e

3

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 91-0565128

Name: SPOKANE TEACHERS CREDIT UNION

**Supplemental Information** 

Return Reference	Explanation
Schedule D, Part X, Line 2	FIN 48 From audited Financial Statements, Footnote Disclosure on Income Taxes The Credit Union is exempt under IRC 501(c) 14, from federal and state income taxes Certain products and services provided by select state chartered credit unions have been determined by the Internal Revenue Service (IRS), in technical advice memorandums (TAMs) released in 2007, to be unrelated to the specific entity's exempt purpose. As presented in the TAMs the net taxable income from these have been successful in having courts declare in 2009 and 2010 that revenue from insurance and investment products sold to members, helping them protect their financial welbeing, qualifies as exempt purpose income, contrary to the IRS position in the TAMs. The Credit Union has filed tax returns for years 2006 through 2017 for activities they have deemed taxable. The Credit Union adopted the income tax standard for uncertain tax positions on January 1, 2009. As a result of implementation, the Credit Union evaluated its tax position and determined no uncertain tax positions exists as of December 31, 2018. The Credit Union's 2010 through 2018 tax years are open from examination by federal and state taxing authorities.

pplemental Information	
Return Reference	Explanation
chedule D, Part XI, Line 4b	Rental expense \$494,577

Sui

upplemental Information	
Return Reference	Explanation
chedule D, Part XII, Line 4b	Rental expense \$494,577

Su

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	6045	779	
Sch	edule J	Co	mpensati	ion Information	00	1B No	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					2018		
► Attach to Form 990.									
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov</u>	<u>/<i>Form</i>990</u> for	instructions and the latest infor	mation.		to Pul ectio		
Nar	ne of the organiza				Employer identificat				
SPO	KANE TEACHERS CR	REDIT UNION			91-0565128				
Pa	rt I Questi	ons Regarding Compensat	ion		101 0000110				
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		s or charter travel		Housing allowance or residence for	personal use				
	_	companions	님	Payments for business use of perso					
		nification and gross-up payments	님	Health or social club dues or initiati					
	☐ Discretion	ary spending account		Personal services (e g , maid, chau	rreur, cner)				
b		xes in line 1a are checked, did th all of the expenses described abov		ollow a written policy regarding payn plete Part III to explain	nent or reimbursement	<b>1</b> b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	- 1-2	2	Yes		
	directors, truste	es, officers, including the CEO/EX	ecutive Director	r, regarding the items checked in line	e lar				
3	organization's C	EO/Executive Director Check all	that apply Do r	d to establish the compensation of t not check any boxes for methods CEO/Executive Director, but explain					
	✓ Compensa	ation committee	<b>✓</b>	Written employment contract					
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study					
	Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	ation committee				
4	During the year related organiza		90, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-conti	ol pavment?			4a	Yes		
b		r receive payment from, a supple		ified retirement plan?		4b	Yes		
С	Participate in, o	r receive payment from, an equit	y-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.					
5	For persons liste		A, line 1a, did t	the organization pay or accrue any					
а	The organization	n?				5a			
b	Any related orga					5b			
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of	A, line 1a, did t	the organization pay or accrue any					
а	The organization	٦?				6a			
b	Any related orga					6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6 <sup>7</sup> If "Yes,		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow	the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	iction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No. !	50053T Schedule J	(Form	1990)	2018	

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

			Schedule J (Fo	orm 990) 2018

Schedule J (Form 990) 2018	Page <b>3</b>				
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				
Schedule J, Part I, Line 1a	The Credit Union will reimburse board members for travel for companions to conferences. These reimbursements are treated as a taxable event and included on the				

board member's 1099

Return Reference	Explanation
	The Credit Union has deferred compensation agreements with select members of the executive management team that provide benefits payable to these employees if they remain employed by the Credit Union for specified years of service. The benefits are subject to forfeiture if employment is terminated for cause as defined in the agreements. The Credit Union is accruing the estimated liability under the agreements on a present value basis over the remaining years until the eligible employees attain the specified number of years of service. The following employees were participants in the 457f deferred compensation agreements and the Credit Union accrued the following amounts for each of them in 2018. Belinda Caillouet. \$23,437, Evelyn Hopkins. \$75,721, Lindsey Myhre. \$28,499, and David Flood. \$26,574. Severance pay was paid out to two members of executive management team in 2018, Belinda Caillouet. \$137,628 and Sean Watt. \$47,545.

2018 Schedule 1

**Software ID:** 18007995 **Software Version:** v1.00

**EIN:** 91-0565128

Name: SPOKANE TEACHERS CREDIT UNION

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Belinda Caillouet COO/CIO	(E)	472,799  0	35,993	1,996	85,505 	9,069	605,362	15,353
Tammy Fleiger	(1)	193,310	100,712	3,431	41,664	14,421	353,538	13,333
Vice President	(11)	0	0					11,182
Evelyn Hopkins CAO	(1)	245,111	31,763	3,338	102,610	14,421	397,243	(
CAO	(11)	0	0	0	0	0	0	13,818
Laura Wood Vice President	(1)	162,903	21,544	3,049	35,127	14,421	237,044	(
Vice President	(11)	0	0	0	0	0	0	8,752
David Flood CLO	(1)	229,507	29,416	10,773	76,769	6,769	353,234	(
CLO	(11)	0	0	0	0	0	0	12,781
Lindsey Myhre CFO	(1)	275,141	35,253	4,429	84,795	6,769	406,387	
	(11)	0	0	0	0	0	0	15,136
Thomas Johnson President and CEO	(1)	42,949	49,374	1,498	378,207	0	472,028	(
President and CLO	(11)	0	0	0	0	0	0	49,374
Barbara Richey Vice President	(1)	183,092	91,386	4,662	38,776	6,769	324,685	(
vice Fresident	(11)	0	0	0	0	0	0	10,289
Patricia Kelly Vice President	(1)	194,319	24,921	4,920	40,696	6,769	271,625	,
vice Fresident	(11)	0	0	0	0	0	0	10,858
Sean Watt Vice President	(1)	190,555	24,428	5,453	14,091	16,936	251,463	(
vice i resident	(11)	0	0	0	0	0	0	10,556
Ezra Eckhardt President and CEO	(1)	519,909	64,594	12,065	84,928	20,234	701,730	(
	(11)	0	0	0	0	0	0	(
Darren McNannay Director Real Estate	(1)	157,530	13,595	635	28,759	7,390	207,909	(
	(11)	0	0	0	0	0	0	5,950
Scott Rabe Director Software Dev	(1)	143,206	14,040	643	27,098	22,964	207,951	(
	(11)	0	0	0	0	0	0	5,741
Christie Moore Commercial Banking	(1)	126,571	37,229	163	31,066	12,671	207,700	C
Manager	(11)	0	0	0	0	0	0	(
Brendan Wiechert Director Commercial	(1)	150,932	12,907	105	17,429	8,869	190,242	(
Lending	(11)	0	0	0	0	0	0	5,556
Richard Lentz Director Consumer Lending	(1)	141,616	12,917	509	26,373	20,324	201,739	(
	(11)	0	0	0	0	0	0	5,632
Wally Stanley Director	(1)	9,500	0	0	0	0	9,500	C
	(11)	0	0	0	0	0	0	(
Robert Jay Walter Director	(1)	2,375	0	0	0	0	2,375	
	(11)	0	0	0	0	0	0	(
Dennis Michael Rennaker Director	(1)	9,500	0	0	0	0	9,500	
	(11)	0	0	0	0	0	0	(
Dolores Humiston Chairwoman	(1)	11,515	0	0	0	0	11,515	
	(11)	0	0	0	0	0		,

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in benefits other deferred (B)(i)-(D)column (B) (i) Base Compensation compensation reported as deferred on Bonus & incentive Other reportable prior Form 990 compensation compensation Robert Loomis 9,500 9,500 Director Catherine Brazil 9,500 9,500 Director Chris Morlan 9,500 9,500 Vice Chair Nick Leute 9,500 9,500 Director Kathryn Dobson 4,750 4,750 Chairwoman Kevin Spohr 4,750 573 5,323 Supervisory Com Janet McCann 4,750

Supervisory Com

9,500

7,125

Terri Alvarado

Steven Jones

Director

Director

4,750

9,500

7,125

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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.				ons on	2018	
Department of the T	reasury <b>&gt; Go to</b>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection	
<b>Name</b> l <b>Betherofg</b> SPOKANE TEACHER				Employer identi 91-0565128	fication number	
990 Schedule	e O, Supplemental Information	on				
Return Reference			Explanation			
Form 990, Part VI, Section A, Line 6	STCU is a state chartered credit un edit Union Act The membership ba attend school in the State of Washi t the board of directors and the sup	ase of STCU consists on ngton or counties in No	f people who live, work, worship orthern Idaho STCU members e	, or		

Return Reference Explanation

STCU members elect directors and the supervisory committee Each serves a three year term

Part VI,
Section A,
Line 7a

The nine members of the board of directors set direction and policy for STCU and hire, ev
aluate and set compensation for the president of STCU. The supervisory committee consists
of three members who are responsible for ensuring the completion of required audits and me
mber account verification. Elections for both directors and supervisory committee member p
ositions are held each February.

Return Explanation
Reference

Line 11b

Form 990,
Part VI,
Section B.

The from 990 is prepared by the Accounting Manager. It is reviewed by the Vice President of Accounting and Finance, Chief Financial Officer, and by the Chief Executive Officer, the form 990 is reviewed with the board of directors prior to filing.

Return

Reference	
Form 990, Part VI, Section B, Line 12c	Members of the board of directors, supervisory committee and any affiliate members will be required to review the Code of Ethics and Personal Conduct Policy and sign the acknowledg ement and agree on the Conflict of Interest Disclosure form on an annual basis. These will be reviewed by the board chair and vice chair. Any conflict of interest concerns will be reviewed by the board executive committee. In the event a conflict exists in the judgement of the board executive committee, the board chair or vice chair and the board member will take appropriate steps to eliminate the conflict. Members of the executive management are required to complete on an annual basis a Conflict of Interest Disclosure form. The chair and vice chair of the board of directors and the CEO are responsible to review the forms.

for any potential conflict of interest. In the event a conflict exists, the chair, vice chair, and CEO and the employee will take appropriate steps to resolve the conflict

Explanation

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	The board of directors is responsible for determining the compensation of the CEO. The exe cutive compensation committee of the board of directors engages an outside compensation consultant to review the compensation of the CEO, provide data of of comparable compensation for other similarly qualified positions in the credit union or financial services industry, and to assist in the review and/or development of the compensation philosophy. The executive compensation committee recommends the total compensation package for the CEO to the board of directors for approval. In order to attract and retain quality employees, STCU is committed to paying salaries which are nondiscriminatory, equitable, and competitive with the salaries paid by other companies in our industry and surrounding area. The Human Resources department staff participates in a variety of annual salary surveys for other execut ive management positions, key employees and all other staff positions and submits recommen dations for any compensation adjustments to the CEO or the executive management team for a pproval and effective date of changes. Positions are evaluated to determine relevant job t itles, job descriptions and salary ranges.

Return Explanation
Reference

Line 19

Form 990,
Part VI,
Section C.

Governing documents, policies and financial statement may be requested by writing to Ezra
Eckhardt, CEO, STCU, 1620 N Signal Drive, Liberty Lake, WA 99019

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part XI, Line

Total change in available for sale market allowance, \$-431,429