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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545-0047

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

For the 2006 calendar year, or tax year beginning 2006, and ending

Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☒ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instructions.

C
 Spokane Teachers Credit Union
 1620 N Signal Drive
 Liberty Lake, WA 99019

D Employer identification number

91-0565128

E Telephone number

509-326-1954

F Accounting method:☐ Cash ☒ Accrual☐ Other (specify) _____

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt
 charitable trusts must attach a completed Schedule A
 (Form 990 or 990-EZ).

Web site: www.stcu.org

Organization type
(check only one)☒ 501(c) 14 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its
 gross receipts are normally not more than \$25,000. A return is not required, but if the
 organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 91,313,587.

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If 'Yes,' enter number of affiliates _____**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number 1269**M** Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)**1** Contributions, gifts, grants, and similar amounts received**a** Contributions to donor advised funds**b** Direct public support (not included on line 1a)**c** Indirect public support (not included on line 1a)**d** Government contributions (grants) (not included on line 1a)**e** Total (add lines 1a through 1d) (cash \$ _____ non-cash \$ _____)**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss). Subtract line 6b from line 6a**7** Other investment income (describe _____)**8a** Gross amount from sales of assets other
than inventory**b** Less: cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss). Combine line 8c, columns (A) and (B)**9** Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ _____ of contributions
reported on line 1b)**b** Less: direct expenses other than fundraising expenses**c** Net income or (loss) from special events. Subtract line 9b from line 9a**10a** Gross sales of inventory, less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a**11** Other revenue (from Part VII, line 103)**12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**13** Program services (from line 44, column (B))**14** Management and general (from line 44, column (C))**15** Fundraising (from line 44, column (D))**16** Payments to affiliates (attach schedule)**17** Total expenses. Add lines 16 and 44, column (A)**18** Excess or (deficit) for the year. Subtract line 17 from line 12**19** Net assets or fund balances at beginning of year (from line 73, column (A))**20** Other changes in net assets or fund balances (attach explanation) See Statement 1**21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20ENVELOPE
POSTMARK DATE MAY 17 2010

REVENUE

EXPENSES

ASSETS

RECEIVED

MAY 20 2010

OGDEN, UT

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____ If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch)	25a 1,193,031.			
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b 0.			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c 0.			
26 Salaries and wages of employees not included on lines 25a, b, and c.	26 10,611,829.			
27 Pension plan contributions not included on lines 25a, b, and c.	27 1,034,817.			
28 Employee benefits not included on lines 25a - 27	28 2,630,601.			
29 Payroll taxes	29 1,079,482.			
30 Professional fundraising fees	30			
31 Accounting fees	31 70,905.			
32 Legal fees	32 90,419.			
33 Supplies	33 567,176.			
34 Telephone	34 444,121.			
35 Postage and shipping	35 634,439.			
36 Occupancy	36 1,466,330.			
37 Equipment rental and maintenance.	37 56,844.			
38 Printing and publications	38 102,233.			
39 Travel	39 201,368.			
40 Conferences, conventions, and meetings	40 246,116.			
41 Interest	41 3,164,011.			
42 Depreciation, depletion, etc (attach schedule)	42 917,069.			
43 Other expenses not covered above (itemize):				
a See Statement 2	43a 23,666,403.			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g _____	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44 48,177,194.			

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A ☐ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

a Provide financial services to 69,400 members. These services include, but are not limited to, providing real estate and other secured/unsecured loans, checking and savings programs, credit card services and related financial services.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

e Other program services

(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

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Form 990 (2006)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	15,663,357.	45	11,987,600.
	46 Savings and temporary cash investments	14,984,804.	46	19,382,396.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	2,748,510.	50a	2,300,782.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a 719,886,784.		
	b Less: allowance for doubtful accounts	51b 1,911,968.	650,227,493.	51c 717,974,816.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	4,577,476.	53	7,644,941.
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
b Investments – other securities (attach sch) Stmt 3	<input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	48,444,949.	54b 37,952,324.	
55a Investments – land, buildings, & equipment: basis	55a 288,031.			
b Less: accumulated depreciation (attach schedule) Statement 4	55b 95,613.	199,110.	55c 192,418.	
56 Investments – other (attach schedule)		19,353,352.	56 24,853,172.	
57a Land, buildings, and equipment: basis	57a 39,453,401.			
b Less: accumulated depreciation (attach schedule) Statement 5	57b 17,413,950.	21,218,625.	57c 22,039,451.	
58 Other assets, including program-related investments (describe ▶ See Statement 6)		9,605,439.	58 10,503,762.	
59 Total assets (must equal line 74). Add lines 45 through 58		787,023,115.	59 854,831,662.	
LIABILITIES	60 Accounts payable and accrued expenses	9,046,815.	60	10,110,213.
	61 Grants payable		61	
	62 Deferred revenue	429,494.	62	345,645.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	45,398,454.	64b 79,108,535.	
	65 Other liabilities (describe ▶ See Statement 7)	644,609,379.	65 664,870,842.	
66 Total liabilities. Add lines 60 through 65	699,484,142.	66 754,435,235.		
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	87,538,973.	72 100,396,427.	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	87,538,973.	73 100,396,427.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	787,023,115.	74 854,831,662.	

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Form 990 (2006)

Yes	No
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75b	X
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75c	X
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75d	X	
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Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information (See the instructions.)		Yes	No
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76		X
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π		X
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78a	X	
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78b	X	
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79		X
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80 a	X
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and check whether it is ☐ exempt or ☐ nonexempt.

81 a	7,200
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81 b	X	
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Part VI Other Information (continued)

	Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82 b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	X	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b	N/A
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
90 a List the states with which a copy of this return is filed None		
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90 b	302
91 a The books are in care of Spokane Teachers Credit Union Telephone number 509-326-1954 Located at 1620 N Signal Dr, Liberty Lake WA ZIP + 4 99019		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

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Form 990 (2006)

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91 c Yes No X

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ..

N/A

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Fee Income	522100	58,902.			10,669,974.
b Loan Interest Income					45,617,946.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					57,554.
95 Interest on savings & temporary cash invmnts			14	241,574.	
96 Dividends & interest from securities			14	1,644,023.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	198,919.	
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	1,323,753.	
100 Gain or (loss) from sales of assets other than inventory			18	503,501.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Empl Benefit Plan Ass			18	554,971.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		58,902.		4,466,741.	56,345,474.
105 Total (add line 104, columns (B), (D), and (E))					60,871,117.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93B	Extending credit to members is a primary function of the credit union.
93A	Distributes service-specific costs to participating members and enables such services to be offered without undue expense to the whole membership.
94	Defrays cost of a portion of the financial services offered to members.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
School Employees Services Inc	100.000 %	Fin'l & Insurance	-79.	1,791.
106 W Nora	%			
Spokane, WA 99201	%			
91-1275748	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes No X

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes No X

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here	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.	
	Signature of officer <u>M. Peterson Jr.</u> Date <u>5-17-10</u>	
Paid Preparer's Use Only	Preparer's signature <u>Self-Prepared</u>	
	Firm's name (or yours if self-employed), address, and ZIP + 4	
	EIN	
	Phone no	
		Preparer's SSN or PTIN (See General Instruction W)

BAA

Form 990 (2006)

2006

Federal Statements

Page 1

Client STCU

Spokane Teachers Credit Union

91-0565128

5/17/10

09:54AM

Statement 1
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Net Change in Unrealized Gain/Loss on AFS Securities	\$ 163,531.
Total	\$ <u>163,531.</u>

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising and Promotion	1,602,131.			
Bad Debt Expense	-214,918.			
Bond & Insurance Coverage	85,249.			
Computer Expense	1,414,905.			
Dues & Subscriptions	146,667.			
Education/Employee Relations	264,146.			
Interest/Dividends to members	16,144,596.			
Loan Servicing Expenses	731,932.			
Other Operating Expenses	84,856.			
Other Prof Services	143,505.			
Processing Expense	3,164,406.			
State Supervisory Exam Fees	98,928.			
Total	<u>\$23,666,403.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

Statement 3
Form 990, Part IV, Line 54b
Investments - Other Securities

Other Securities	Valuation Method	Amount
Federal Home Loan Bank Stock	Cost	\$ 4,324,800.
Held To Maturity Securities	Cost	752,997.
Available for Sale Securities	Market Value	32,874,527.
Total		<u>\$ 37,952,324.</u>

Statement 4
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Buildings	\$ 288,031.	\$ 95,613.	\$ 192,418.
Total	<u>\$ 288,031.</u>	<u>\$ 95,613.</u>	<u>\$ 192,418.</u>

Client STCU

Spokane Teachers Credit Union

91-0565128

5/17/10

09:54AM

Statement 5
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 15,066,170.	\$ 11,873,505.	\$ 3,192,665.
Buildings	20,296,033.	5,540,445.	14,755,588.
Land	4,091,198.		4,091,198.
Total	<u>\$ 39,453,401.</u>	<u>\$ 17,413,950.</u>	<u>\$ 22,039,451.</u>

Statement 6
Form 990, Part IV, Line 58
Other Assets

Accrued Interest Receivable	\$ 3,048,432.
Intangible Assets	458,357.
NCUSIF Deposit	5,546,617.
Other Assets	1,450,355.
Rounding	1.
Total	<u>\$ 10,503,762.</u>

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

Accrued Dividends Payable	\$ 20,509.
Shares and Deposits	664,850,333.
Total	<u>\$ 664,870,842.</u>

Statement 8
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Steven Dahlstrom 1620 N Signal Dr Liberty Lake, WA 99019	President & CEO 40	\$ 289,109.	\$ 249,325.	\$ 5,247.
Terri Wilson 1620 N Signal Drive Liberty Lake, WA 99019	Vice President 40	154,802.	123,533.	3,000.
William Before 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	155,291.	84,056.	3,000.

Client STCU

Spokane Teachers Credit Union

91-0565128

5/17/10

09.54AM

Statement 8 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Tom Johnson 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	\$ 8,984.	\$ 1,357.	\$ 250.
Brad Hunter 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	119,107.	26,809.	3,000.
Paul Chalmers 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	118,932.	28,751.	3,000.
Scott Adkins 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	102,222.	27,132.	3,000.
Belinda Caillouet 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	105,397.	27,465.	3,551.
Denise Gabel 1620 N Signal Dr Liberty Lake, WA 99019	Vice President 40	139,187.	27,143.	3,000.
Georgia Miller 1329 S Ferris Ct Spokane, WA 99202	Chairman 2	0.	0.	0.
Wally Stanley 4624 S Progress Ct Veradale, WA 99037	Director 2	0.	0.	0.
John Young 2309 S McCabe Rd Spokane, WA 99216	Director 2	0.	0.	0.
Jay Walter 4418 S Chapman Greenacres, WA 99016	Director 2	0.	0.	0.
Barb Richey PO Box 297 Cheney, WA 99004	Director 2	0.	0.	0.
Geoff Forshag 2507 E Nicklaus Spokane, WA 99223	Director 2	0.	0.	0.

Client STCU

Spokane Teachers Credit Union

91-0565128

5/17/10

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Statement 8 (continued)
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contri- bution to EBP & DC	Expense Account/ Other
Robert Howard 10007 N Fleetwood Spokane, WA 99208	Director 2	\$ 0.	\$ 0.	\$ 0.
Ellen Dolan 1510 W Toni Rae Dr Spokane, WA 99218	Director 2	0.	0.	0.
Robert Loomis 5606 W Woodside Spokane, WA 99208	Director 2	0.	0.	0.
Ivonne Freas PO Box 1407 Veradale, WA 99037	Director 2	0.	0.	0.
Robert Richards 7823 N Hughes Dr Spokane, WA 99208	Director 2	0.	0.	0.
Margaret Patterson PO Box 14048 Spokane, WA 99214	Director 2	0.	0.	0.
Judy Morris 1316 S McClellan St Spokane, WA 99203	Director 2	0.	0.	0.
Shirley Bonucelli 1816 S Viewcrest Lane Spokane, WA 99212	Supervisory Com 2	0.	0.	0.
Dave Sackville-West 2809 S Garfield Spokane, WA 99203	Supervisory Com 2	0.	0.	0.
Donald Trail 1106 E 20th Spokane, WA 99203	Supervisory Com 2	0.	0.	0.
Total		<u>\$ 1,193,031.</u>	<u>\$ 595,571.</u>	<u>\$ 27,048.</u>