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Form 990

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

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

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

G Web site: ► WWWSTCUORG

J 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 ► 97,145,501

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

H(d) Is this a separate return filed by an organization

I Group Exemption Number: 1269

M Check if the organization is **not** required to attach Sch 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	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c		
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)		1e	
2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	64,043,001
3	Membership dues and assessments		3	67,994
4	Interest on savings and temporary cash investments		4	523,574
5	Dividends and interest from securities		5	2,425,752
6a	Gross rents	6a	394,010	
b	Less rental expenses	6b	300,338	
c	Net rental income or (loss) subtract line 6b from line 6a		6c	93,672
7	Other investment income (describe <input checked="" type="checkbox"/>)		7	
8a	Gross amount from sales of assets	(A) Securities		(B) Other
	other than inventory	19,649,390	8a	9,742,781
b	Less cost or other basis and sales expenses	19,558,869	8b	9,449,338
c	Gain or (loss) (attach schedule)	90,521	8c	293,443
d	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	383,964
9	Special events and activities (attach schedule) If any amount is from gaming , check here <input checked="" type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events Subtract line 9b from line 9a		9c	
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c	
11	Other revenue (from Part VII, line 103)		11	298,999
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12	67,836,956
13	Program services (from line 44, column (B))		13	
14	Management and general (from line 44, column (C))		14	
15	Fundraising (from line 44, column (D))		15	
16	Payments to affiliates (attach schedule)		16	
17	Total expenses Add lines 16 and 44, column (A)		17	58,325,395
18	Excess or (deficit) for the year Subtract line 17 from line 12		18	9,511,561
19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	100,396,427
20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>		20	160,124
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20		21	110,068,117

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. (See the instructions.)

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 Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22a	0		
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22b	0		
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 schedule)	25a	1,209,256		
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b	9,895		
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			
26	Salaries and wages of employees not included on lines 25a, b and c	26	12,132,125		
27	Pension plan contributions not included on lines 25a, b and c	27	1,079,954		
28	Employee benefits not included on lines 25a - 27	28	3,334,859		
29	Payroll taxes	29	1,161,048		
30	Professional fundraising fees	30			
31	Accounting fees	31	20,913		
32	Legal fees	32	48,984		
33	Supplies	33	586,178		
34	Telephone	34	500,147		
35	Postage and shipping	35	649,010		
36	Occupancy	36	1,447,027		
37	Equipment rental and maintenance	37	93,514		
38	Printing and publications	38	104,953		
39	Travel	39	212,839		
40	Conferences, conventions, and meetings	40	260,137		
41	Interest	41	2,992,871		
42	Depreciation, depletion, etc (attach schedule)	42	1,742,249		
43	Other expenses not covered above (itemize)	43a			
a	See Additional Data Table	43b			
b		43c			
c		43d			
d		43e			
e		43f			
f		43g			
g					
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	58,325,395	0	0

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? 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 (See the instructions.)

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? ► CREDIT UNION FINANCIAL SERVICES 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) orgs, and 4947(a)(1) trusts, but optional for others)
a PROVIDE FINANCIAL SERVICES TO 71300 MEMBERS THESE SERVICES INCLUDE BUT ARE NOT LIMITED TO PROVIDING REAL ESTATE AND OTHER SECURED/UNSECURED CONSUMER AND BUSINESS LOANS CHECKING AND SAVINGS PROGRAMS AND CREDIT CARD SERVICES	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
b _____ _____	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
c _____ _____	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
d _____ _____	
(Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
e Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here ► <input type="checkbox"/>
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	

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
45	Cash—non-interest-bearing	11,987,600	45	15,286,247
46	Savings and temporary cash investments	19,382,396	46	11,325,701
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)		50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B)) (attach schedule)		50b	
51a	Other notes and loans receivable (attach schedule)	51a	827,453,319	
b	Less allowance for doubtful accounts	51b	2,023,462	717,974,816
51c				825,429,857
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	1,045,882
54a	Investments—publicly-traded securities ► <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54a	15,678,331
b	Investments—other securities (attach schedule) ► <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	29,693,992
55a	Investments—land, buildings, and equipment basis	55a	288,030	
b	Less accumulated depreciation (attach schedule)	55b	95,612	192,418
55c				192,418
56	Investments—other (attach schedule)		56	
57a	Land, buildings, and equipment basis	57a	45,975,842	
b	Less accumulated depreciation (attach schedule)	57b	19,340,337	22,039,451
57c				26,635,505
58	Other assets, including program-related investments (describe ► _____)		58	15,694,953
59	Total assets (must equal line 74) Add lines 45 through 58		59	940,982,886
60	Accounts payable and accrued expenses	10,110,213	60	11,370,617
61	Grants payable		61	
62	Deferred revenue	345,645	62	439,747
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)	79,108,535	64b	61,868,174
65	Other liabilities (describe ► _____)	664,870,842	65	757,236,236
66	Total liabilities Add lines 60 through 65	754,435,235	66	830,914,774
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	100,396,427	72	110,068,112
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)		73	110,068,112
74	Total liabilities and net assets / fund balances Add lines 66 and 73	854,831,662	74	940,982,886

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12) Add lines c and d ►		e

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17) Add lines c and d		e

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes **No**

75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	13		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent		75b	No
c	contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business		75c	No
d	relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)			
	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent			
	contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether			
	tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related			
	organization"		75d	No
	If "Yes," attach a statement that includes the information described in the instructions			
e	Does the organization have a written conflict of interest policy?			

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other 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.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
DENISE GABEL 8502 E SANDLEWOOD SPOKANE, WA 99921	0	9,895	989	

Part VI Other Information (See the *instructions*.)

Yes **No**

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	Yes	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		No
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a	4,500	
b	Did the organization file Form 1120-POL for this year?	81b	Yes	

Part VI Other Information (continued)

	Yes	No
82a 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?	82a	No
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)	82b	
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	No
85 <i>501(c)(4), (5), or (6) organizations.</i> a Were substantially all dues nondeductible by members?	85a	No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	No
c 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 the prior year	85c	
d Dues assessments, and similar amounts from members	85d	
e Section 162(e) lobbying and political expenditures	85e	
f Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	
g Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	No
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	No
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?	85h	No
86 <i>501(c)(7) orgs.</i> Enter a Initiation fees and capital contributions included on line 12	86a	
b Gross receipts, included on line 12, for public use of club facilities	86b	
87 <i>501(c)(12) orgs.</i> Enter a Gross income from members or shareholders	87a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a 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	88a	Yes
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	88b	No
89a <i>501(c)(3) organizations</i> Enter Amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	89a	
b <i>501(c)(3) and 501(c)(4) orgs.</i> 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	89b	No
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89c	
d Enter Amount of tax on line 89c, above, reimbursed by the organization	89d	
e <i>All organizations.</i> At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
f <i>All organizations.</i> Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
90a List the states with which a copy of this return is filed ► _____	90b	318
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	318
91a The books are in care of ► SPOKANE TEACHERS CU	Telephone no ► (509) 326-1954	
1620 N SIGNAL DRIVE Located at ► 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)?	91b	Yes No
If "Yes," enter the name of the foreign country ► _____	91b	No

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

<input type="checkbox"/> At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 ►

and enter the amount of tax-exempt interest received or accrued during the tax year ► **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.**93** Program service revenue**a** LOAN INTEREST INCOME**b** LOAN PROCESSING FEE INCOME**c****d****e****f** Medicare/Medicaid payments**g** Fees and contracts from government agencies**94** Membership dues and assessments**95** Interest on savings and temporary cash investments**96** Dividends and interest from securities**97** Net rental income or (loss) from real estate**a** debt-financed property**b** non debt-financed property**98** Net rental income or (loss) from personal property**99** Other investment income**100** Gain or (loss) from sales of assets other than inventory**101** Net income or (loss) from special events**102** Gross profit or (loss) from sales of inventory**103** Other revenue **a** TRADING SEC - FMV ADJUSTMENT**b****c****d****e****104** Subtotal (add columns (B), (D), and (E))**105 Total** (add line 104, columns (B), (D), and (E)) ► **67,836,956****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)
93A	EXTENDING CREDIT TO MEMBERS IS A PRIMARY FUNCTION OF THE CR UNION
93B	DISTRIBUTES SERVICE-SPECIFIC COSTS TO PARTICIPATING MEMBERS
94	DEFRAYS THE COST 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 106 W NORA SPOKANE, WA99201 91-1275748	10000 %	FINANCIAL SERVICE	-30	1,761
	%			
	%			
	%			

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
--	------------------------------	--

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

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
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	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
			No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
	Totals			

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
			No

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	2010-12-23	Date
	MARLIS PETERSEN SPAWN DIR - ACCOUNTING AND FINANCE		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/>

Additional Data

Software ID:
Software Version:
EIN: 91-0565128
Name: SPOKANE TEACHERS CREDIT UNION

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a ADVERTISING AND PROMOTION	43a	1,369,424			
b BOND AND INSURANCE COVERAGE	43b	66,364			
c COMPUTER EXPENSE	43c	1,236,450			
d DUES AND SUBSCRIPTIONS	43d	164,842			
e EDUCATIONEMPLOYEE RELATIONS	43e	232,958			
f LOAN SERVICING EXPENSE	43f	828,618			
g MEMBER DIVIDEND EXPENSE	43g	21,559,827			
h OTHER OPERATING EXPENSE	43h	309,727			
i OTHER PROFESSIONAL SERVICES	43i	154,030			
j PROCESSING EXPENSE	43j	3,447,026			
k PROVISION FOR LOAN LOSS	43k	1,266,555			
l STATE SUPERVISORY EXAM FEES	43l	103,615			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
STEVEN DAHLSTROM 1620 NORTH SIGNAL DR LIBERTY LAKE, WA 99019	PRESIDENT CEO 40 0	301,613	415,551	15,699
TERRI WILSON 16517 E 24TH LANE VERADALE, WA 99037	COO 40 0	159,277	165,140	3,300
WILLIAM BEFORE 6202 W SKAGIT CT SPOKANE, WA 99208	CFO 40 0	159,257	106,126	3,300
TOM JOHNSON 1521 E HERITAGE LANE SPOKANE, WA 99208	VP 40 0	140,292	34,565	3,300
BRAD HUNTER 24211 E 1ST AVE LIBERTY LAKE, WA 99019	VP 40 0	118,962	31,926	3,300
PAUL CHALMERS 2019 S ST CHARLES RD VERADALE, WA 99037	VP 40 0	112,079	32,492	3,300
SCOTT ADKINS 21101 W COULEE HITE RD SPOKANE, WA 99224	VP 40 0	110,445	29,768	3,300
BELINDA CAILLOUET 1612 E MACMAHAN SPOKANE, WA 99217	VP 40 0	107,331	28,942	3,851
GEORGIA MILLER 1329 S FERRIS CT SPOKANE, WA 99202	BOARD CHAIR 5 0	0		
WALLY STANLEY 4624 S PROGRESS CT VERADALE, WA 99037	DIRECTOR 2 0	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN YOUNG 2309 S MCCABE SPOKANE, WA 99216	DIRECTOR 20	0		306
JAY WALTER 4418 S CHAPMAN GREENACRES, WA 99016	DIRECTOR 20	0		
MIKE FINK 15802 N LANTERN LANE SPOKANE, WA 99208	DIRECTOR 20	0		
BARB RICHEY PO BOX 297 CHENEY, WA 99004	DIRECTOR 20	0		
BOB JAYNE 24420 E 3RD LIBERTY LAKE, WA 99019	DIRECTOR 20	0		
ELLEN DOLAN 1510 W TONI RAE DRIVE SPOKANE, WA 99218	DIRECTOR 20	0		
ROBERT LOOMIS 5606 W WOODSIDE SPOKAN, WA 99208	DIRECTOR 20	0		
YVONNE FREAS PO BOX 1407 VERADALE, WA 99037	DIRECTOR 20	0		761
ROBERT RICHARDS 7823 N HUGHES DR SPOKANE, WA 99208	DIRECTOR 20	0		862
MARGARET PATTERSON PO BOX 14048 SPOKANE, WA 99214	DIRECTOR 20	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JUDY MORRIS 1316 S MCCLELLAN SPOKANE, WA 99203	DIRECTOR 2 0	0		
DAVE SACKVILLE-WEST 2809 S GARFIELD SPOKANE, WA 99203	SUPERVISORY COMMITTEE 2 0	0		
DONALD TRAIL 1106 E 20TH SPOKANE, WA 99203	SUPERVISORY COMMITTEE 2 0	0		
SHIRLEY BONUCELLI 1816 S VIEWCREST LANE SPOKANE, WA 99212	SUPERVISORY COMMITTEE 2 0	0		

TY 2007 Compensation Explanation

Name: SPOKANE TEACHERS CREDIT UNION

EIN: 91-0565128

Person Name	Explanation
	COMPENSATION DISCLOSURES INCLUDE (A) MATCHING AND PROFITING CONTRIBUTIONS TO A 401(K) PLAN (B) HEALTH INSURANCE PREMIUMS OFFERED UNDER A GROUP PLAN (C) CONTRIBUTIONS TO NON-QUALIFIED 457(B) DEFERRED COMP PLAN (D) ESTIMATED AMOUNTS EARNED UNDER A 457(F) PLAN (E) INCENTIVE AWARDS EARNED IN 2007 BUT NOT PAID UNTIL 2008 EARNED BASED ON ACHIEVING DEFINED PERFORMANCE TARGETS

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

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: SPOKANE TEACHERS CREDIT UNION

EIN: 91-0565128

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
OTHER SECURITIES	2007-01	PURCHASE	2007-12		9,742,781	9,449,338			293,443	

TY 2007 Gain/Loss from Sale of Public Securities Schedule

Name: SPOKANE TEACHERS CREDIT UNION

EIN: 91-0565128

Gross Sales Price: 19,649,390

Basis: 19,558,869

Sales Expenses:

Total (net): 90,521

TY 2007 Investments - Land Schedule**Name:** SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS	288,030	95,612	192,418

TY 2007 Investments - Securities Schedule**Name:** SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Description	Book Value	Cost/ FMV
FHLB STOCK	4,324,800	
WESCORP MCA AND PIC	3,912,047	
INTEREST BEARING DEPOSITS W OTHER INSTITUTIONS	21,000,000	
CUSO INVESTMENTS	457,145	

TY 2007 Land etc. Schedule

Name: SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FURNITURE AND FIXTURES	17,413,325	13,165,852	4,247,473
BUILDINGS	24,041,256	6,174,485	17,866,771
LAND	4,521,261		4,521,261

TY 2007 Other Assets Schedule

Name: SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Description	Beginning of Year Amount	End of Year Amount
ACCRUED INTEREST RECEIVABLE		3,301,556
EMPLOYEE BENEFIT PLAN ASSETS		4,940,706
INTANGIBLE ASSETS		458,357
NCUSIF DEPOSIT		5,826,881
OTHER ASSETS		928,270
OTHER PROPERTY OWNED		239,183

TY 2007 Other Changes in Net Assets Schedule**Name:** SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Description	Amount
NET CHANGE IN UNREALIZED G/L ON AFS SECURITIES	160,124

TY 2007 Other Liabilities Schedule**Name:** SPOKANE TEACHERS CREDIT UNION**EIN:** 91-0565128

Description	Beginning of Year Amount	End of Year Amount
ACCRUED DIVIDENDS PAYABLE		61,989
SHARES AND DEPOSITS		757,174,247