

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



93

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

		2009 calendar yea	C Name of organization CREDIT UNIONS IN THE STAT			D Employer id	dentification number					
☐ Add		label or	Doing Business As	L OF WIGHTON		91-02194 E Telephone I						
┌ Nan		type. See	Boeing Employees' Credit Uni	on		(206) 439						
∏ Initi □ -		Instruc-	Number and street (or P O b PO Box 97050	ox if mail is not delivered to street addre	ss) Room/suite		ts \$ 552,436,313					
∏ Terr				and 7ID + 4								
∏ Am∈		pending	City or town, state or country Seattle, WA 98124	r, and ZIP + 4								
i whh	lication		 ne and address of principal	officer	11/->							
		Gary O	akland	onicei		ıs a group retu ates?	rn for					
			Gateway Drive a, WA 98168									
						II affiliates inclu o." attach a lis	ided? Yes No					
I Tax	«-exem	pt status 🔽 501(c)) (14) ◀ (insert no)	7(a)(1) or		up exemption r	-					
J W	ebsit e	:: 🕨 www becu org										
K Form	n of org	ganization 🔽 Corporat	ion Trust Association C	Other ►	L Year of fo	rmation 1935	M State of legal domicile					
Pai	rt I	Summary				L	WA					
Governance		BECU is a coopera among its member	ative society organized und is and creating a source of	most significant activities ler Washington law as a nonprofit credit for them at fair and reason any individuals as possible by pro	able rates of 1	nterest BECU	is dedicated to "people					
Gove	2	Check this box ►	 - If the organization discor	itinued its operations or disposed	of more than	25% of its net	t assets					
xő 🏻		•		oody (Part VI, line 1a)			310					
Activities	4	Number of indepen	dent voting members of th	e governing body (Part VI, line 1	o)		410					
# 	5	Total number of en	nployees (Part V , line 2a)				51,126					
₹			lunteers (estimate if neces				611					
		Total gross unrela		7a698,097								
	ь	Net unrelated busi	or Year	7b Current Year								
	8	Contributions and	d grants (Part VIII, line 1h)	- 110	0	0					
흴	9		revenue (Part VIII, line 2g		531,893,662	519,636,153						
Ravenue	10	Investment incor	ne (Part VIII, column (A),	lines 3, 4, and 7d)		50,035,355	32,782,666					
±	11	Other revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		-11,570	17,494					
	12			t equal Part VIII, column (A), lin		581,917,447	552,436,313					
	13			olumn (A), lines 1-3)		0	0					
	14	Benefits paid to o	r for members (Part IX, co	lumn (A), line 4)		0	0					
ဖွ	15	·	mpensation, employee ber	nefits (Part IX, column (A), lines	5 –	70,831,307	72,963,082					
Expenses	16a	10)	raising fees (Part IX colu	mn (A), line 11e)		70,831,307	72,963,082					
⊕	b											
ш	17		, , , , , , , , , , , , , , , , , , , ,	enses (Part IX, column (D), line 25) ▶0 Part IX, column (A), lines 11a-11d, 11f-24f)								
	18			ual Part IX, column (A), line 25)		574,731,358	517,875,760 590,838,842					
	19	Revenue less exp	enses Subtract line 18 fro	om line 12		7,186,089	-38,402,529					
Net Assets or Fund Balances						g of Current Year	End of Year					
Page	20	Total assets (Par	t X, line 16)		8,	695,950,938	8,604,162,577					
절절	21	Total liabilities (F	Part X, line 26)	8,	035,904,319	7,983,423,205						
	22		d balances Subtract line 2		660,046,619	620,739,372						
Par	t II	Signature Blo				*-*	- Al Is A Is					
				nined this return, including accompanying on of preparer (other than officer) is base								
		Signature of office			2010- Date	-11-10						
			ey Controller			-11-10						
		Signature of office Shawn Mulqueene Type or print nam	ey Controller	Date			ntifying number					
Here		Signature of office	ey Controller		Date Check if self-		ntifying number ns)					
Sign Here Paid Prepa	•	Signature of office Shawn Mulqueene Type or print nam Preparer's	ey Controller e and title		Date Check If	Preparer's iden (see instruction						
Here	erer's	Signature of office Shawn Mulqueene Type or print nam Preparer's signature	ey Controller e and title		Date Check if self-	Preparer's iden						

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

BECU is a cooperative society organized under Washington law as a nonprofit corporation for the purposes of promoting thrift among its members and creating a source of credit for them at fair and reasonable rates of interest BECU is dedicated to "people helping people" and will strive to serve as many individuals as possible by providing superior financial products and services

2			ogram services during the y	ear which were not listed on	┌ Yes ┌ No
	If "Yes," describe these r				,
3	Did the organization ceas		ignificant changes in how i	conducts, any program	┌ Yes ┌ No
	If "Yes," describe these o	changes on Schedule O			
4	Section 501(c)(3) and 50	01(c)(4) organızatıons a		ree largest program services b ts are required to report the an am service reported	
	(Code) (Expenses \$	0 including grants of \$) (Revenue \$	552,436,313)
-	•		9, 64,714 loans totaling \$4,760,6	, ,	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
4d	· -	(Describe in Schedule	•	0 \ /Paua=== #	0.
	(Expenses \$	0 including	<u>- </u>	0) (Revenue \$	0)
4e	Total program service e	xpenses ► \$	0		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	♦ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> " <i>Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
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		Νo
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a 130 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	20	Yes	
h	return?	3a 3b	Yes	
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	163	No
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 120			

12770 Gateway Drive Tukwila, WA 98168 (206) 439-5700

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 10			
ь	Enter the number of voting members that are independent 10			
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Ke	venue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
11	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	has the organization provided a copy of this Form 990 to an members of its governing body before filing the form?	11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		Νo
	Let the States with which a copy of this Form 000 is required to be filed.			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	Katherine Elser			

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

1b	Total .									 	8,519,396	0	473,159

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 113

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
DNA Brand Mechanics	Advertising	4,094,145
HOWARD S WRIGHT CONSTRUCTORS PO BOX 34449 Seattle, WA 98124	Construction	2,219,575
Prime Valuation Services LLC PO Box 5473 Minneton, MN 55343	Real Estate Valuation	2,145,384
DARNELL LLC 8816 NE 36th Street Bellevue, WA 98004	Legal Settlement	525,000
CERIUM NETWORKS 1011 East 2nd Avenue Suite 10 Spokane, WA 99202	Call management system	398,125
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►11	who received more than	

Page 8

Form 99								Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
इस	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es 1b					
ું ફે	c	Fundraising eve	ents 1c					
<u>#</u>	d	Related organiz	rations 1d					
£,Œ	e	Government grants	s (contributions) 1e					
tion sr s	f	All other contribution	ons, gifts, grants, and 1f		ĺ			
看養	g		butions included in					
돌호		lines 1a-1f \$ _						
<u>ŏ≅</u>	h	Total. Add lines	s 1a-1f	•	0			
<u> </u>				Business Code				
Ven	2a	Loan Interest Incor	ne	522,130	411,187,997	411,187,997	0	0
28	b	Fee Income		522,130	76,326,239	76,326,239	0	0
2 0 0	c	Broker Income		523,000	2,359,598	2,359,598	0	0
33	d	Credit Life & AD&D	Insurance	524,298	722,481	722,481	0	0
Ē	e	Rental Income		900,002	352,338	187,667	164,671	0
Program Serwce Revenue	f	All other progra	am service revenue		28,687,500	28,171,568	515,932	0
Č	g	Total. Add lines	s 2a – 2f		519,636,153			
	3	Investment inc	ome (including dividen	ds, interest				
			aramounts)	-	32,782,666	0	0	32,782,666
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
	5	Royalties	() Parl		0	٥	0	U U
	6a	Gross Rents	(ı) Real 0	(II) Personal				
	b	Less rental	0	0				
	_c	expenses Rental income	0	0				
		or (loss)		<u> </u>	0	0	0	0
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	Ŭ	0		0
	7a b	Gross amount from sales of assets other than inventory Less cost or	0	0				
	-	other basıs and sales expenses						
	c	Gain or (loss)	0	0				
	d	Net gain or (los	s)		0	0	0	0
Other Revenue	8a		luding 0 s reported on line 1c)					
Ř		See Part IV, lin	ne 18 a					
Jer	ь	Less directer	penses b	0				
₹	c		(loss) from fundraising	events 🛌	0	О	0	0
	9a		rom gaming activities ie 19 a	0				
	ь	Less direct ex	penses b	0				
	С		loss) from gaming acti	vities	0	0	0	0
	10a	Gross sales of returns and allo		0				
	ь	·=	oods sold b	0				
	С		(loss) from sales of inve		0	0	0	0
	11-	Miscellaneous		Business Code 541,900	674	0	674	
	11a	Sales Income -	<u> </u>	541,900	16,820	0	16,820	0
	b	Partnership Inc	come	3+1,900	10,020	0	10,620	<u> </u>
	4	All other rece			0	0	0	0
	d e	Total. Add lines	ue s 11a-11d			0	0	0
		iotal. Add lines	, 11d-11d	· · · · •	17,494			
	12	Total revenue.	See Instructions .	▶	552,436,313	518,955,550	698,097	32,782,666

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.							
	ll other organizations must complete column (A) but are not required to	complete column			(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$	0					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0]			
5	Compensation of current officers, directors, trustees, and key employees	8,992,557					
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	45,724,223					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,104,763					
9	Other employee benefits	4,949,785					
10	Payroll taxes	5,191,754					
11	Fees for services (non-employees)						
а	Management	0					
ь	Legal	238,691					
c	Accounting	873,270					
d	Lobbying	0					
e	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	0					
q	Other	2,570,518					
12	Advertising and promotion	11,352,021					
13	Office expenses	11,986,621					
14	Information technology	11,353,185					
15	Royalties	0					
16	Occupancy	8,007,420					
17	Travel	442,079					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0					
19	Conferences, conventions, and meetings	750,741					
20	Interest	49,885					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	16,514,562					
23	Insurance	489,814					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	Dividend Expense	145,162,167					
b	Provision For Loan Loss	236,202,405			_		
С	Product Servicing	45,774,840					
d	NCUSIF Assessment	11,477,985					
e	Misc Outside Services	5,147,312					
f	All other expenses	9,482,244					
25	Total functional expenses. Add lines 1 through 24f	590,838,842	0	О	0		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	Balance Sheet					
				(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing		68,687,380	1	109,165,572	
	2	Savings and temporary cash investments	•	219,198,628	2	338,011,454	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		0	4	0	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key employees, and				
		Schedule L		0	5	0	
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II or					
		Schedule L		0	6	0	
ssets	7	Notes and loans receivable, net		7,137,003,488	7	6,854,260,478	
SS	8	Inventories for sale or use		0	8	0	
¥	9	Prepaid expenses and deferred charges		11,737,869	9	9,896,887	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	197,730,990				
	ь	Less accumulated depreciation :	10b 129,878,661	71,170,753	10c	67,852,329	
	11	Investments—publicly traded securities		936,730,424	11	1,012,777,611	
	12	Investments—other securities See Part IV, line 11	40,753,721	12	31,340,729		
	13	Investments—program-related See Part IV, line 11	0	13			
	14	Intangible assets		0	14	0	
	15	Other assets See Part IV, line 11		210,668,675	15	180,857,517	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	•	8,695,950,938	16	8,604,162,577	
	17	Accounts payable and accrued expenses .		151,451,529	17	67,202,983	
	18	Grants payable		0	18	0	
	19	Deferred revenue	nue				
	20	Tax-exempt bond liabilities		0	20	0	
jes	21	Escrow or custodial account liability Complete Part IV of Schedule	e D	0	21	0	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
217		persons Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	10,000,000	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities Complete Part X of Schedule D		7,884,452,790	25	7,906,220,222	
	26	Total liabilities. Add lines 17 through 25		8,035,904,319	26	7,983,423,205	
S		Organizations that follow SFAS 117, check here ▶ ┌ and compl	lete lines 27				
Fund Balance		through 29, and lines 33 and 34.					
lar	27	Unrestricted net assets			27		
Ba	28	Temporarily restricted net assets			28		
nd	29	Permanently restricted net assets			29		
Fu		Organizations that do not follow SFAS 117, check here ▶ ▽ and	d complet e				
oř		lines 30 through 34.		0		0	
ets.	30	Capital stock or trust principal, or current funds		0	30	0	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	620 730 373	
	32	Retained earnings, endowment, accumulated income, or other fu	nas	660,046,619	32	620,739,372	
Net	33	Total net assets or fund balances		660,046,619	33	620,739,372	
l	34	Total liabilities and net assets/fund balances		8,695,950,938	34	8,604,162,577	

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

Form **990** (2009)

Software ID: Software Version:

EIN: 91-0219435

Name: CREDIT UNIONS IN THE STATE OF WASHINGTON

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

(A) (B)								(D)	(E)	(F)	
Name and Title	A verage hours	Posi t	tion (hat a			II 		Reportable compensation	Reportable compensation	Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
John Catron Board of Directors & Supervisory Committee Member	5	х						0	0	0	
Gary Beil Board of Directors & Supervisory Committee Member	5	X						0	0	0	
Sheila Boze Board of Directors Secretary	5	X						0	0	0	
Roger Mauldin Board of Directors Member	5	X						0	0	0	
Timothy D Reynon Supervisory Committee Member	5	Х						0	0	0	
Jim Wadhwani Board of Directors Chairperson	5	X						0	0	0	
Kathie Weibel Board of Directors Member	5	Х						0	0	0	
Desiree Serr Board of Directors Vice Chairperson	5	X						0	0	0	
Denis Farmer Board of Directors Member	5	Х						0	0	0	
Michael Sweeney Board of Directors Treasurer	5	Χ						0	0	0	
Steve Brilling Board of Directors Member	5	Х						0	0	0	
Gary Oakland President/CEO	40			Х				1,507,711	0	28,604	
Grace Semingson SVP of Member Solutions	40			Х				312,752	0	18,575	
Butch Leonardson CIO/SVP of Information Technology	40			Χ				478,659	0	18,125	
Tom Berquist SVP of Member Strategies	40			Х				281,766	0	21,066	
Joe Brancuccı Executive Vice President	40			Х				717,463	0	20,010	
Katherine Elser CFO/SVP of Finance & Administration	40			Х				287,844	0	16,693	
Elaine Terry SVP of Human Resources	40			Χ				504,784	0	18,240	
Michael Strand SVP of Member Operations	40			Х				279,173	0	16,749	
Parker Cann SVP/Corporate Counsel	40			Х				280,096	0	6,370	
Mıchael Quamma VP Treasury	40				X			234,478	0	16,858	
Jesse Douglas VP Program Management	40				X			210,106	0	13,557	
Debra Terry VP Human Resources	40				Х			198,007	0	10,993	
Stephen Black VP of Marketing & Community Affairs	40				X			184,484	0	14,019	
Gary Fee VP Member Strategies	40				Х			235,927	0	22,243	

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

(A) Name and Title	(B) Average hours per	((tion ((C) ion (check all nat apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation		
	Individual trustee or director		Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
Charlotte Stuart VP Organization Performance Development	40				Х			184,923	0	12,814	
Carol Friend VP Portfolio Management	40				Х			177,675	0	14,162	
Carolyn Cereghino VP BECU Investment Services	40				X			195,469	0	15,029	
Kyle Welsh VP Technology Services	40				X			186,918	0	13,644	
A aron Bresko V P Lending	40				X			188,432	0	13,363	
A nastasia Wyss-Schoenborn VP Member Solutions	40				X			176,313	0	14,474	
Gregg Kats VP of Facilities & Risk Management	40				X			198,989	0	14,123	
Melanie Walsh VP Member Care	40				X			185,867	0	18,968	
Howard Wu VP Virtual Banking	40				X			165,015	0	19,692	
Susan Kydd Chief Audit Executive	40				X			176,341	0	13,982	
Shawn Mulqueeney Controller	40				X			179,297	0	16,327	
Joseph Cilley Financial Advisor	40					X		149,842	0	13,905	
Kerry Thurman Portfolio Manager	40					X		161,239	0	14,535	
Stacy Hyle Human Resources Manager	40					X		171,455	0	13,916	
Nancy Edwards Program Management Manager	40					X		165,076	0	10,469	
Kathryn Antonettı IT Systems & Security Manager	40					Х		143,295	0	11,654	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Loan Interest Income	522,130	411,187,997	411,187,997	0	0
Fee Income	522,130	76,326,239	76,326,239	0	0
Broker Income	523,000	2,359,598	2,359,598	0	0
Credit Life & AD&D Insurance	524,298	722,481	722,481	0	0
Rental Income	900,002	352,338	187,667	164,671	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Dividend Expense	145,162,167			
Provision For Loan Loss	236,202,405			
Product Servicing	45,774,840			
NCUSIF Assessment	11,477,985			
Misc Outside Services	5,147,312			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314028550

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line ection 501(c)(4), (5), or (6) organizations. Complete Part III	e 35a (rega	rding	proxy tax), then		
	me of the organization EDIT UNIONS IN THE STATE OF WASHINGTON	mployer ide	er identification number				
	9	1-021943	5				
Par	t I-A Complete if the organization is exempt under section 501(c) or is a se	ection 52	7 or	ganizatio	n.		
1	Provide a description of the organization's direct and indirect political campaign activities in Part	IV					
2	Political expenditures	>	\$_		5,000		
3	V olunteer hours		_		0		
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).						
1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$_				
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$_				
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No		
4a	Was a correction made?			☐ Yes	┌ No		
ь	If "Yes," describe in Part IV						
Pai	t I-C Complete if the organization is exempt under section 501(c) except s	ection 50	1(c)	(3).			
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ıvıtıes 🕨	\$_		0		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5	27 .			_		
	exempt funtion activities	•	\$ _		0		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b 🕨	\$_		0		
4	Did the filing organization file Form 1120-POL for this year?			√ Yes	┌ No		
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization.	Also enter on, such as	the a	mount of po	litical		

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,					
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)						
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)						
c	Total lobbying expenditures (add lines 1a and 18	b)							
d	Other exempt purpose expenditures								
e	Total exempt purpose expenditures (add lines 1	c and 1d)							
f	Lobbying nontaxable amount Enter the amount f								
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00					
	Over \$17,000,000	\$1,000,000							
		•							
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)							
h	Subtract line 1g from line 1a If zero or less, enter	er -0-							
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -							
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No			
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five			
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı			
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchC_P1A_S00_L01		During 2009, BECU contributed to the House Democrat Campaign Committee, House Republican Campaign Committee, Senate Democrat Campaign Committee, Senate Republican Campaign Committee, and to the "No on I-1033" campaign

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493314028550

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number Name of the organization CREDIT UNIONS IN THE STATE OF WASHINGTON 91-0219435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 \$ ____ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2009

Pari	444 Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	<u>eası</u>	ires, or C	the	<u>r Similar As</u>	sets	(cor	<u>ıtınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat ar	e a significa	ant u	se of its collect	ion		
а	Public exhibition		d	\sqcap	Loan o	rexc	hange progi	ams				
ь	Scholarly research	cholarly research e Γ Other										
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	aın hov	w they	/ further	the	organızatıor	ı's ex	empt purpose	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									ΓYe	s	┌ No
Par	t IV Escrow and Custodial Arrang						n answere	d "Y	es" to Form 9	90,		
	Part IV, line 9, or reported an an											
	Is the organization an agent, trustee, custod included on Form 990, Part X?					ions	or other ass	ets r		Г Ye	s	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		Г					
_							-	_	An	nount		
C	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						L	1 f				
2a	Did the organization include an amount on Fo	•	e 21?							∏ Ye	s	∏ No
	If "Yes," explain the arrangement in Part XIV				1 115 /							
Pa	rt V Endowment Funds. Complete	(a)Current Year		Were Prior \			<u>Form 990,</u> 10 Years Back		t IV, line 10. Three Years Back	(e)Fo	ur Ye	ars Back
la	Beginning of year balance	(a) carrent rear	(5)	,	· cui	(5)	ro rears back	(4)	Timee rears back	(0). 0		aro Back
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %	1										
c	Term endowment ► %											
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	re held	and a	administere	d for	the	□	es	No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(一	
b	If "Yes" to 3a(II), are the related organizatio	ns listed as require	d on S	ched	ule R?				31	,		
4	Describe in Part XIV the intended uses of th											
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, P	art X, line	10.	ı			
	Description of investment				Cost or of		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) Boo	k value
1a	and					0	9,30	3,492			9	,303,492
b i	Buildings					0	45,846	5,397	21,543,10	2	24	,303,29
c l	_easehold improvements					0	17,51	5,108	8,933,27	3	8	,581,835
d l	Equipment					0	121,43	3,814	98,651,54	5	22	,787,269
е (Other					o	3,62	7,179	750,74	1	2	,876,438

67,852,329

Part VII Investments—Other Securities. See (a) Description of security or category			of valuation
(including name of security)	(b)Book value		year market value
Financial derivatives Closely-held equity interests	3,551,255		С
Other FHLB Stock	22,773,800		С
	22,773,800		
Mutual Funds	5,015,674		F_
_			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	31,340,729		
Part VIII Investments—Program Related. See			of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
Accounts Receivable			3,460,625
NCUA Insurance			76,519,903
Accrued Interest Receivable from Subsidiaries			46,160,832 968,813
Mortgage Derivative			1,532,350
Mortgage Services Rights, Net			32,028,043
ATM & Coop Deposits & Withdrawals In Process			1,554,488
Miscellaneous Suspense Accounts Assets Acquired In Liquidation			1,104,232
Shared Branching In Process			1,483,768
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			180,857,517
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
Shares & Deposits	7,906,220,222		
		i	
•			

Total revenue (Form 990, Part VIII, column (A), line 12)

2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
Part		er Return
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
Ь	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	Supplemental Information	1

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L00	Schedule D, Part X	Excerpt from audited financial report footnote Federal income taxes - The Credit Union is exempt by statute from federal income taxes under the provisions of Section 501 of the Internal Revenue Code of 1954, however, the Credit Union's subsidiaries are subject to federal income taxes. There were no significant income taxes for the year ended December 31, 2009 and 2008 FASB guidance prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The Credit Union adopted the provisions outlined in this guidance on January 1, 2009. The Credit Union had no unrecognized tax positions that would require adjustment to the January 1, 2009 beginning balance of undivided earnings. The Credit Union had no unrecognized tax positions at December 31, 2009. It is the Credit Union's policy to record any penalties or interest arising from federal or state taxes as a component of noninterest expense.

Additional Data

Software ID: Software Version:

EIN: 91-0219435

Name: CREDIT UNIONS IN THE STATE OF WASHINGTON

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Accounts Receivable	3,460,625
NCUA Insurance	76,519,903
Accrued Interest	46,160,832
Receivable from Subsidiaries	968,813
Mortgage Derivative	1,532,350
Mortgage Services Rights, Net	32,028,043
ATM & Coop Deposits & Withdrawals In Process	1,554,488
Miscellaneous Suspense Accounts	1,104,232
Assets Acquired In Liquidation	16,044,463
Shared Branching In Process	1,483,768

DLN: 93493314028550

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

ın Part III

section 53 4958-6(c)?

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization CREDIT UNIONS IN THE STATE OF WASHINGTON		Employer identificati	ployer identification number				
				91-0219435			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to p		,				
	First-class or charter travel	\Box	Housing allowance or residence for	personal use			
	Travel for companions	\sqcap	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	~	Health or social club dues or initia	tion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ıffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organize reimbursement orprovision of all the expenses described			•	1b	Yes	
2	Did the organization require substantiation prior to reimb officers, directors, trustees, and the CEO/Executive Dire				2	Yes	
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director Check all that approximately Compensation committee			е			
		<u>.</u>	· ·				
	- <u> </u>	<u></u>	Approval by the board or compens	ation committee			
4	During the year, did any person listed in Form 990, Part or a related organization	VI	I, Section A, line 1a with respect to	the filing organization			
а	Receive a severance payment or change-of-control payn	mer	nt?		4a		No
ь	Participate in, or receive payment from, a supplemental r	non	iqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-based	l co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide			ın Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must co	omj	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1 a,	, did the organization pay or accrue a	any			
а	The organization?				5a		
b	Any related organization?				5b		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1 a,	, did the organization pay or accrue a	any			
а	The organization?				6a		
ь	Any related organization?				6b		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," descr			n-fixed	7		
8	Were any amounts reported in Form 990, Part VII, paid of		·				

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

8

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp									
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table			(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	Membership fees for Butch Leonardson and Michael Strand to Rainier Golf & Country Club
		The following individuals particpate in (but have not received payments from) a supplemental nonqualified retirement plan Gary Oakland, Grace Semingson, Butch Leonardson, Tom Berquist, Joe Brancucci, Katherine Elser, Elaine Terry, Michael Strand, and Parker Cann

Schedule J (Form 990) 2009

Software ID: 09000073 **Software Version:** v1.00

EIN: 91-0219435

Name: CREDIT UNIONS IN THE STATE OF WASHINGTON

Form 990, Schedule J, Part 11 - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	5
---	---

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
(A) Name	(ii) Bonus &			(iii) Other	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	C (ompensation	compensation	compensation		_			
Gary Oakland	(I) (II)	349,600 0	467,219 0	690,892 0	11,000 0	17,604 0	1,536,315 0	0 0	
Joe Brancucci	(I) (II)	300,000 0	229,946 0	187,517 0	6,110 0	13,900 0	737,473 0	0	
Elaine Terry	(1) (11)	199,500 0	159,152 0	146,132 0	7,055 0	11,185 0	523,024 0	0	
Butch Leonardson	(I) (II)	236,000 0	109,425	133,234 0	7,854 0	10,271 0	496,784 0	0	
Grace Semingson	(I) (II)	200,000	92,317 0	20,435 0	6,882 0	11,693 0	331,327 0	0	
Katherine Elser	(I) (II)	200,000	64,400 0	23,444 0	6,000 0	10,693 0	304,537 0	0	
Tom Berquist	(I) (II)	190,000	87,258 0	4,508 0	5,885 0	15,181 0	302,832 0	0	
Parker Cann	(I) (II)	174,519 0	4,700 0	100,877 0	2,538 0	3,832 0	286,466 0	0	
Mıchael Strand	(I) (II)	240,053 0	38,640 0	480 0	8,250 0	8,499 0	295,922 0	0	
Gary Fee	(I) (II)	198,665 0	23,616 0	13,646 0	12,611 0	9,632 0	258,170 0	0	
Mıchael Quamma	(I) (II)	189,625 0	31,450 0	13,403 0	3,312 0	13,546 0	251,336 0	0	
Jesse Douglas	(I) (II)	161,950 0	26,860 0	21,296 0	4,969 0	8,588 0	223,663 0	0	
Gregg Kats	(I) (II)	152,981 0	27,115 0	18,893 0	1,816 0	12,307 0	213,112	0	
Debra Terry	(I) (II)	161,438 0	29,138 0	7,432 0	1,400	9,593 0	209,001	0	
Carolyn Cereghino	(I) (II)	151,590 0	25,026 0	18,853 0	4,849 0	10,180 0	210,498 0	0	
A aron Bresko	(I) (II)	146,908 0	24,939 0	16,585 0	4,953 0	8,410 0		0	
Kyle Welsh	(1) (11)	153,750 0	27,000 0	6,168 0	4,694 0	8,950 0	200,562	0	
Melanie Walsh	(I) (II)	146,909 0	25,798 0	13,160 0	5,559 0	13,409 0	204,835	0	
Charlotte Stuart	(I) (II)	147,447 0	26,612 0	10,864 0	3,965 0	8,849 0	197,737 0	0	
Stephen Black	(I) (II)	158,875 0	25,187 0	422 0	4,207 0	9,812 0	198,503 0	0	
Shawn Mulqueeney	(I) (II)	140,733 0	24,229 0	14,335 0	5,016 0	11,311 0	195,624 0	0	
Carol Friend	(I) (II)	158,161 0	17,077 0	2,437 0	5,141 0	9,021 0	191,837 0	0 0	
Susan Kydd	(I) (II)	147,537 0	16,820 0	11,984 0	5,132 0	8,850 0	190,323 0	0	
Anastasia Wyss- Schoenborn	(I) (II)	150,675 0	24,990 0	648 0	4,974 0	9,500 0	190,787 0	0	
	(I) (II)	134,532 0	22,509 0	7,974 0	4,551 0	15,141 0	184,707 0	0	
Stacy Hyle	(I) (II)	132,300 0	23,310 0	15,845 0	4,279 0	9,637 0	185,371 0	0	
Nancy Edwards	(I) (II)	127,000 0	22,074 0	16,002 0	1,957 0	8,512 0	175,545 0	0 0	
Kerry Thurman	(I) (II)	127,144 0	20,737 0	13,358 0	4,200 0	10,335 0	175,774 0	0 0	
Joseph Cilley	(I) (II)	85,923 0	57,116 0	6,803 0	4,481 0	9,424 0	163,747 0	0	
Kathryn Antonettı	(I) (II)	112,777 0	19,065 0	11,453 0	3,370 0	8,284 0	154,949 0	0	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314028550

OMB No 1545-0047

Open to Public

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

	^t t he organization NIONS IN THE STATE OF WASHINGT	ON				Employer identificati	on numbe	r
0.1.251.						91-0219435		
Part I	Excess Benefit Trans Complete if the organization						e 40b	
1	(a) Name of disqua	ified person		(b) Desc	rıptıon of tra	nsaction	(c) C∘ Yes	rrected? No
sec	er the amount of tax imposed tion 4958				ons during th	e year under \$		
	er the amount of tax, If any, o			e organization .				
Part II	Loans to and/or From Complete of the organizat), Part IV, line 26,	or Form 990)-EZ, Part V, line 38a		
(a) Name	e of interested person and	(b) Loan to or from the ganization?	(c)O riginal principal amount	(d)Balance due	(e) In default?	(f) Approved by board or committee?	(g) Writte agreemer	
		To From			Yes No		Yes	No
Total .	· · · · · · · · · · · · · · · · · · ·	· · ·) \$			l		
Part III	Grants or Assistance Complete if the organi				, line 27.			
(;	a) Name of interested person	(b	Relationship betwo and the or	een interested per ganization	son (c)	A mount of grant or typ	e of assıs	tance
Part IV	Business Transactio	ne Involvi	ing Interested	Darsons				
Faitiv	Complete if the organi				, lıne 28a,	28b, or 28c.		
(a)	Name of interested person	betwe per	Relationship een interested rson and the rganization	(c) A mount of transaction	(d) De	scription of transactio	organi	naring of ization's inues? No
CO-OPF	inancial Services	Gary Oa Preside	akland, BECU nt/CEO is on -OP Board of	7,435,6	07 ATM Int Fees	erchange and Switch	. 33	No

OMB No 1545-0047

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE 0

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

Name of the organization CREDIT UNIONS IN THE STATE OF WASHINGTON **Employer identification number**

91-0219435

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	BECU is a cooperative society organized under Washington law as a nonprofit corporation for the purposes of promoting thrift among its members and creating a source of credit for them at fair and reasonable rates of interest. Membership at BECU is limited to those entities listed in the Field of Membership Appendix to the Bylaw's. At all meetings each member with one or more fully paid shares will have one vote subject to certain conditions.
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	BECU is a cooperative society organized under Washington law as a nonprofit corporation for the purposes of promoting thrift among its members and creating a source of credit for them at fair and reasonable rates of interest. Membership at BECU is limited to those entities listed in the Field of Membership Appendix to the Bylaw's. At all meetings each member with one or more fully paid shares will have one vote subject to certain conditions.
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	CFO and Controller review's Form 990 prior to filing. A copy of the final version of the Form 990 is distributed to each board member after it is filed for informational purposes, no board member undertakes any review of the form 990.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	BECU has two written conflict of interest policies. One for Directors (Board) and Executive Management and the other for employees. Directors and Executive Management must adhere to both policies. The Board affirms their adherence to BECU's conflict of interest requirements in writing on a yearly basis (called "Annual Code of Ethics Affirmation" form). For Executive Management and the Board, audit Services monitors through anonymous hot lines and emails. Our BECU orgive ebsite includes a letter from our Supervisory Committee inviting insiders as well as outsiders to report any fraud or abuse by employees, Executive Management or the Board. We have yearly ethics refresher courses that all must take along with a written re-affirmation of compliance with our conflict of interest policies and requirements. We monitor for unusual or "related party" transactions with our subsidiaries and our external auditors also test for these types of transactions as part of the annual audit of our financial statements.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	BECU's executive compensation process includes the following. Annual market analysis which benchmarks each executive position with similar positions in national and regional surveys. The data for the President position is provided to the Compensation Committee of the Board of Directors for adjustment recommendation and approval to the Board of Directors. The data for the Senior Executive positions is provided to the President for any recommended adjustments. The President determines annual salary adjustments for each executive by considering responsibilities of the position, individual's experience, performance, career progress and development within the executive salary range market analysis is performed each year in the fall, last one was completed in November 2009. BECU's Compensation program is adminitered by the Human Resources Department and is audited by the BECU Internal Audit Department.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	BECU's Bylaws, Corporate Governance document and financial statements are posted and available to the public on the becu org website

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314028550

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization
CREDIT UNIONS IN THE STATE OF WASHINGTON

CALCOLOGY

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

91-0219435

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Total income (e) End-of-year assets (f) Direct controlling entity

Part II

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

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) (f)
Direct controlling
entity

BECU Foundation

12770 Gateway Drive

Scholarships

WA

501(c)(3

9 PF N/A

Tukwila, WA 98168 91-1703337 (c)

(j)

Yes

No

(h)

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, F	art IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)	

(i) Code V—UBI **(e)** Predominant income **(f)** Share of total income Disproprtionate General or (a) Name, address, and EIN of (b) (d) Legal (g) Primary activity Direct controlling Share of end-of-year allocations? amount in box 20 of managing domicile (related, unrelated, Schedule K-1 partner? related organization entity (state or assets excluded from tax (Form 1065) foreign under sections 512country) 514)

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Prime Alliance Solutions Inc 12720 Gateway Drive Suite 103 Tukwila, WA98168 91-2060737	Mortgage Loan Provider	WA	N/A	С	7,982,171	5,039,722	58 %
BECU Trust Company 12770 Gateway Drive Tukwila, WA98168 16-1653592	Trust Services	WA	N/A	С	1,166,624	664,213	1 00 %
BECUFS Inc 12770 Gateway Drive Tukwila, WA98168 91-1533010	Insurance Products	WA	N/A	С	903,850	0	1 00 %

(3)

(4)

(5)

(6)

Sche	dule R (Form 990) 2009		Рa	ge 3
Pa	Transactions With Related Organizations (Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	Yes	
ь	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1 g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1 i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n	Sharing of paid employees	1n	Yes	
o	Reimbursement paid to other organization for expenses	1o		No
р	Reimbursement paid by other organization for expenses	1 p	Yes	
q	O ther transfer of cash or property to other organization(s)	1q	Yes	_
•	Other transfer of cash or property from other organization(s)	1r		No
	o their transfer of easili of property from other organization(s)			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresh	ıolds		
	(a) Name of other organization (b) Transaction type(a-r)	(Amount	(c) t involv	'ed
(1) S (2)	ee Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

Software ID: 09000073

Software Version: v1.00

EIN: 91-0219435

Name: CREDIT UNIONS IN THE STATE OF WASHINGTON

FORM	990, Scheaule	K, Part V ·	· iransactions	with Related	Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount Involved (\$)
(1)	Prime Alliance Solutions Inc	I	1,191,948
(2)	Prime Alliance Solutions Inc	m	351,621
(3)	Prime Alliance Solutions Inc	a-ıv	56,786
(4)	Prime Alliance Solutions Inc	р	10,492,800
(5)	BECUFS Inc	a-IV	3,835
(6)	BECU Trust Company	I	66,432
(7)	BECU Foundation	b	74,372
(8)	BECU Trust Company	р	247,943