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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009

Open to Public
Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 01-	01-2009 and ending 12-31-2009	9		
B Ch	eck ıf a	pplicable	Please	C Name of organization SOUND CREDIT UNION			D Employer i	dentification number
☐ Add	tress ch	nange	use IRS label or		91-05579 E Telephone			
☐ Na	me cha	nge	print or type. See	Doing Business As				
Init	al retu	rn	Specific Instruc-		x if mail is not delivered to street addre	ss) Room/s	(253) 597	7-7603 hts \$ 35,135,923
Tei	mınate	d	tions.	PO BOX 1595			G Gloss leceip	
☐ Am	ended	return		City or town, state or country, TACOMA, WA 98401	and ZIP + 4	l		
Г Арі	olication	pending		TACOMA, WA 36401				
				ne and address of principal	officer		s this a group reti	
				RD BRANDSMA X 1595		at	ffiliates?	ΓYes Γ Nο
			TACON	1A,WA 98401		H(b) A	re all affiliates incl	uded?
		nt status	- F04()				•	st (see instructions)
) (14) ◀ (insert no)	a)(1) or 527	H(c) ⁽	Group exemption	number 🗠
. w	ebsite	e: ► WW	/W SOUND	CU COM		<u> </u>		
K For	n of or	ganızatıon	✓ Corporat	ion Trust Association Ot	her 🕨	L Year	of formation 1940	M State of legal domicile WA
Pa	rt I	Sumi	mary					WA
				e organization's mission or	most significant activities			
e e		A memb	oer owned o	cooperative providing financ	ial services, including loans and	share dep	osits to its mem	pers
Governance								
≘ E								
¥0,	2		,		inued its operations or disposed			
	3		-		ody (Part VI, line 1a)			3 <u>7</u>
Activities &	4				governing body (Part VI, line 1b)		4 7 5 125
Ĭ	5			nployees (Part V , line 2a) Junteers (estimate if neces				6 11
2	7a			·	Part VIII, column (C), line 12	_		7a 235,142
				ness taxable income from F		•		7b -4,198
							Prior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)				0
nile	9	Progra	ım service	revenue (Part VIII, line 2g)		25,371,663	27,522,403	
Revenu	10	Invest	ment incor	ne (Part VIII, column (A), l	nes 3, 4, and 7d)		5,173,577	3,775,082
	11		-	art VIII, column (A), lines!			3,838,438	
	12				equal Part VIII, column (A), line	е	30,545,240	35,135,923
	13				lumn (A), lines 1-3)			0
	14	Benefi	ts paid to c	r for members (Part IX, col		7,799,612	6,017,760	
ø	15		es, other co	ompensation, employee ben	5 –	7,002,309	7 400 734	
Expenses	16a	10) Profes	sional fund	raising fees (Part IX, colum	n (A), line 11e)		7,002,309	7,400,734
क ⊕	b			enses (Part IX, column (D), line 2				0
Ð	17			, , , , , , , , , , , , , , , , , , , ,	1a-11d, 11f-24f)		15,838,356	14,591,734
	18		•		al Part IX, column (A), line 25)		30,640,277	28,010,228
	19		•		m line 12		-95,037	7,125,695
8 8						Begin	ning of Current	End of Year
Not Assets or Fund Balances		-		+ V . I			Year	
Ass 3Ba	20 21			t X, line 16)			415,032,254	<u> </u>
2000年	21			d balances Subtract line 2:			372,819,759 42,212,495	
		_	ature Blo		i nom me 20 i i i i i		42,212,493	79,139,043
		Under pe	enalties of pe	rjury, I declare that I have examı	ned this return, including accompanying			
		and belie	ef, it is true, o	correct, and complete Declaration	of preparer (other than officer) is based	d on all infor	mation of which prep	arer has any knowledge
Sigr	1	****	**			2	010-05-11	
Her		Signa	ature of office	r			ate	
				MA PRESIDENT/CEO				
		T Type	or print nam	e and title	<u> </u>			
		Preparer signature		F Buzzell		Check If self-	Preparer's ide (see instruction	ntıfyıng number ons)
Paid	·		· •			empolyed 🕨		<i>,</i>
	arer's		ame (or yours	RSM McGladrey Inc		EIN 🕨		
Use	Jilly		and ZIP + 4	801 Nicollet Mall Suite 1100			Division	(612) F72 07F0
				Minneapolis, MN 55402				(612) 573-8750
May	the IR	S discus	s this retu	rn with the preparer shown a	bove? (see instructions)			▼ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

To provide high-quality financial products and services

					Form 990 (2009						
	Total program se	rvice expenses►\$									
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)						
4d	Other program s	ervices (Describe in Schedule	e O)								
			r loans that include vehicle, student, m il \$145,492,416 The loan portfolio tota	ortgage and Visa loans Consumer loar als \$306,596,297	ns that include vehicle secured						
4c	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)						
		Equity side of the balance sheet, 7,7, with a total of \$28,123,163	29 of our members hold Certificate Acc	counts with total balances of \$187,209,	724 and 1,606 hold IRA						
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	\$206,061,389 Meml			nd Money Market Deposit accounts wit 103 These funds are pooled and used p							
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
4	Section 501(c)(3)	and 501(c)(4) organizations		largest program services by ex are required to report the amoun service reported	•						
	If "Yes," describe	these changes on Schedule O									
3	Did the organization services?	on cease conducting, or make	significant changes in how it co		Yes 🔽 No						
	If "Yes," describe	these new services on Schedu	ıle O								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										

Part IV	Checl	dist o	f Requi	red s	Sche	dules
		11136 0	ı ive aaii	···	3 0110	4416

			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		Νο
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νo
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		N o
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		Νο
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		Νο
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
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 No	Į	l	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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		No
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? <i>If</i> "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? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> "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			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	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		No
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		Νο
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		Νο
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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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		Νο
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 990	(2009)

art 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 14,335 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			
•	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Ь	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
)	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		
е	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		
9	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		
b	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			
b	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			

1331 BROADWAY PLAZA TACOMA, WA 98401 (253) 597-7603

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 7			
ь	Enter the number of voting members of the governing body	-		
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		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
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	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
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	
b	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
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11		No
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	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	431	V	
c	to conflicts?	12b	Yes	
	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14 15	Does the organization have a written document retention and destruction policy?	14	Yes	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
•	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	135	163	
162	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		Νo
Ь	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?	4.51		
S^	ection C. Disclosure	16b		
<u> </u>	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	ınızatıor	n ►
	RUSSELL GO WRYLO W			

Part VII 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 n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, dırector, trustee o	or key employee		
(A) Name and Title	(B) (C) A verage Position (check all hours that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	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)	compensation from the organization and related organizations	
Keith Mock Chairman	1 00	Х		Х				0	0	0	
Brenda Heineman Vice Chairman	1 00	Х		Х				0	0	0	
Dave Wasson Secretary	1 00	х		х				О	0	0	
Durant Hehr Treasurer	1 00	х		х				0	0	0	
Dick Brentin director	1 00	х						0	0	0	
Norm Parsons director	1 00	х						0	0	0	
Gary Emmons director	1 00	х						0	0	0	
russ gowrylow sr vp/cfo	40 00			х				169,192	0	52,625	
richard brandsma president	40 00			х				697,331	0	77,682	
denise reagan executive vp/operations	40 00				Х			299,669	0	55,640	
carl roer vp lending	40 00					х		142,835	0	22,509	
Dan Fiorino VP Special Projects	40 00					х		932,482	0	60,216	
Chris Shenkel VP Branch Operations	40 00					Х		122,028	0	22,346	
Robyn LaChance VP Marketing	40 00					х		100,027	0	18,787	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		((tion (hat a	che		I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compensation from the organization and related organizations
			ļ							
1b Total			•	•	•		<u> </u>	2,463,564	0	309,805

			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> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	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

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Group Health PO Box 34750 Tukwila, WA 981249745	Employee health insurance	470,415
hhj construction inc 1409 alexander ave e tacoma, WA 984241109	bldg/branch construction	404,710
Backdraft 9500 Front Street Lakewood, WA 98499	Lease Termination	226,483
Open Solutions PO Box 33473 Hartford, CT 061503473	Software Vendor	206,486
Kaye-Smith PO Box 94762 Seattle, WA 981247062	Statement Processing	194,930
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶6

Form 99	•	·						Page 9
	/	Statement of	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
nts nts	1a	Federated cam						
gra	b		es 1b					
its ⊞	c	•	ents 1c					
<u> </u>	d	Related organiz Government grants	exations 1d					
ons. Sin	e	_	ons, gifts, grants, and 1f					
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above butions included in					
ang	h		s 1a-1f	▶				
				Business Code				
anue	2a	member loan inter	est	900,099	18,507,331	18,507,331		
Program Serwce Revenue	ь	FEES AND CHARGE	ES .	900,099	6,100,295	6,100,295		
<u>8</u>	c	MISC OPERATING	INCOME	900,099	2,914,777	2,679,635	235,142	
Ž.	d							
Ē	e							
200	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		27,522,403			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	F	3,727,030			3,727,030
	4		stment of tax-exempt bond p	· · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) F el solial				
	ь	Less rental						
	c	expenses Rental income						
	d	or (loss) Net rental incoi	l me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	27,186	20,866				
	Ь	Less cost or other basis and						
	 c	sales expenses Gain or (loss)	27,186	20,866				
	d		s)	·	48,052			48,052
	8a	Gross income f						
Other Revenue		events (not inc \$	 s reported on line 1c)					
ije E	ь	Less direct ex	penses b					
δ	С	Net income or ((loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19 a					
	ь		penses b					
	10a	Net income or (Gross sales of returns and allo		vities				
	ь	Less cost of go	a oods sold b	entory				
	С	Net income or ((loss) from sales of inve s Revenue	Business Code				
	11a b	Non operating F		900,099	3,838,438	3,838,438		
	c							
	d	All other reven	ue					
		Total. Add lines			3,838,438			
	12	Total revenue.	See Instructions	▶	35,135,923	31,125,699	235,142	3,775,082
	1			<u> </u>	,,	, -,	· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations mu	st complete all co	olumns.	(D)	
	ll other organizations must complete column (A) but are not required to		(B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses		Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	6,017,760			
5	Compensation of current officers, directors, trustees, and key employees	2,776,068			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,676,145			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	890,060			
9	Other employee benefits	615,188			
10	Payroll taxes	443,273			
11	Fees for services (non-employees)				
а	Management				
b	Legal	26,397			
С	Accounting	77,790			
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	214,593			
12	Advertising and promotion	716,050			
13	Office expenses	546,718			
14	Information technology				
15	Royalties				
16	Occupancy	485,052			
17	Travel	92,000			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,500			
20	Interest	1,225,673			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	697,279			
23	Insurance	102,638			
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	provision for loan loss	6,955,120			
ь	loan servicing expense	789,091			
с	processing expense	632,559			
d	member insurance	502,379			
e	ATM and Check Fees	490,724			
f	All other expenses	1,029,171			
25	Total functional expenses. Add lines 1 through 24f	28,010,228			
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			3,165,646	1	3,039,563
	2	Savings and temporary cash investments			30,912,348	2	31,322,825
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			1,169,605	4	2,361,987
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			259,902,036	7	299,786,987
SS	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			1,113,564	9	1,553,435
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	33,463,831			
	ь	Less accumulated depreciation	10b	10,936,547	17,372,176	10c	22,527,284
	11	Investments—publicly traded securities			49,019,899	11	15,678,730
	12	Investments—other securities See Part IV, line 11		•	48,622,463	12	149,404,889
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			3,754,517	15	5,829,864
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			415,032,254	16	531,505,564
	17	Accounts payable and accrued expenses .			2,785,739	17	3,637,574
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Schedul	le D .	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ijΠ		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties			28,000,000	23	38,000,000
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			342,034,020	25	440,708,345
	26	Total liabilities. Add lines 17 through 25			372,819,759	26	482,345,919
Fund Balances		Organizations that follow SFAS 117, check here ► and comp through 29, and lines 33 and 34.	olet e I	ines 27			
anı	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
덛	29	Permanently restricted net assets				29	
표		Organizations that do not follow SFAS 117, check here ▶ 🔽 ar	nd con	ıplet e			
0.		lines 30 through 34.					
	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	0
	32	Retained earnings, endowment, accumulated income, or other fu	ınds		42,212,495		49,159,645
Net	33	Total net assets or fund balances			42,212,495	33	49,159,645
-	34	Total liabilities and net assets/fund balances			415,032,254	34	531,505,564

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)

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DLN: 93493132006090

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

A CLACII	to rolli 990. F See Separate instructions.		Inspection
ame of the organization DUND CREDIT UNION		Employer identificat	ion number
OCHO CKEDII ONION		91-0557925	
	r Advised Funds or Other Similar	Funds or Accounts.	Complete if the
organization answered "Yes" to Form	m 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and ot	har accounts
Total number at end of year	(a) Donor advised funds	(b) I ullus allu ot	ner accounts
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor	advicers in writing that the assets held in	donor advisod	
funds are the organization's property, subject to	-		┌ Yes ┌ No
Did the organization inform all grantees, donors,	and donor advisors in writing that grant fur	nds may be	
used only for charitable purposes and not for the	e benefit of the donor or donor advisor, or fo	r any other purpose	□Yes □No
conferring impermissible private benefit Conservation Easements. Comp	lete if the organization answered "Yes	" to Form 990 Part IV	<u> </u>
Purpose(s) of conservation easements held by t		to form 550, raic iv	, IIIC 7.
Preservation of land for public use (e.g., rec	_	an historically importantl	y land area
Protection of natural habitat	Preservation of	a certified historic struct	ure
Preservation of open space			
Complete lines 2a-2d if the organization held a	qualified conservation contribution in the fo	orm of a conservation	
easement on the last day of the tax year			
		Held at the I	end of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem		2b	
Number of conservation easements on a certifie	• •	2c	
Number of conservation easements included in	(c) acquired after 8/17/06	2d	
Number of conservation easements modified, tr	ansferred, released, extinguished, or termin	ated by the organization d	uring
the taxable year 🛌			
Number of states where property subject to con	servation easement is located ►		
Does the organization have a written policy rega		andling of violations, and	F., F.,
enforcement of the conservation easements it h	olds?		Yes No
Staff and volunteer hours devoted to monitoring	, inspecting and enforcing conservation eas	ements during the year 🛌	
A mount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easeme	ents during the year ► \$	
Does each conservation easement reported on			
170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	me 2(a) above satisfy the regulieries of	30001011	┌ Yes ┌ No
In Part XIV, describe how the organization repo	rts conservation easements in its revenue	and expense statement, a	nd
balance sheet, and include, if applicable, the tex the organization's accounting for conservation e		cial statements that descr	ribes
	ctions of Art, Historical Treasure	s. or Other Similar A	ssets.
	red "Yes" to Form 990, Part IV, line 8.		
If the organization elected, as permitted under S			
art, historical treasures, or other similar assets provide, in Part XIV, the text of the footnote to i			lic service,
If the organization elected, as permitted under S			s of art.
historical treasures, or other similar assets held	for public exhibition, education, or researc		•
provide the following amounts relating to these	tems		
(i) Revenues included in Form 990, Part VIII, I	ine 1	► \$	
(ii) Assets included in Form 990, Part X		► \$	
If the organization received or held works of art,			
following amounts required to be reported under	SFAS 116 relating to these items		
Revenues included in Form 990, Part VIII, line	1	► \$	

b Assets included in Form 990, Part X

Pari	411 Organizations Maintaining Co	<u>llections of Ar</u>	t, His	tori	<u>cal Tre</u>	easu	ires, or C	<u> the</u>	<u>r Similar As</u>	sets (continued)
3	Using the organization's accession and othe items (check all that apply)	r records, check ar	ny of th	ne foll	owing th	nat ar	e a signific	ant u	se of its collec	ion	
а	Public exhibition		d	\sqcap	Loan o	rexc	hange prog	rams			
Ь	Scholarly research		e	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	w the	y further	the	organızatıor	n's ex	kempt purpose	n	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	┌ 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	sets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	V and complete the	follow	ing ta	able		Г		T		
							-		An	nount	
с	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lır	ne 21?							│ Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete						Form 990 o Years Back		t IV, line 10. Three Years Back	(=\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Veere Deel
1a	Beginning of year balance	(a)Current Year	(D,	Prior \	rear	(C)IW	to feats back	(a)	Tillee fears back	(e)rour	Years 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 🕨 %	•									
c	Term endowment ► %										
3а	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re held	and a	dmınıstere	d for	the		
	organization by								3-4	Yes	No
	(i) unrelated organizations			•				•	3a(+
ь	(ii) related organizations							٠.	3		+-
4	Describe in Part XIV the intended uses of th	•								<u> </u>	
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, Pa	art X, line	10.			
	Description of investment				Cost or o		(b) Cost or o basis (othe		(c) Accumulated depreciation	(d) E	Book value
1a	_and						6,816	5,811		1	6,816,81
b	Buildings						16,108		3,319,58	5	12,788,670
c	Leasehold improvements						4,455	5,522	2,430,00	2	2,025,520
d	Equipment						6,083	3,243	5,186,96	0	896,283
е	Other										

22,527,284

Part VII Investments—Other Securities. See I (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
FHLB STOCK	1,160,000	F
NCUA SHARE INSURANCE FUND	3,821,352	F
CU COOP STOCK	164,584	F
securities htm	119,058,358	F
CERTIFICATES	25,171,156	F
FSCC STOCK	28,834	F
CUSO Investment	605	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	149,404,889	
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) should equal 1 only 990, Falt A, col (b) line 13)	- 45	
Part IX Other Assets. See Form 990, Part X, Im	e 15.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip		(b) Book value
		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS	5.) , line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes MEMBERS SHARE ACCOUNTS In process - non posts	5.)	

-011	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
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	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	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	
b	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
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
с	Other losses	1
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) 4b]
С	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	t XIV Supplemental Information	

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
l	Part X	Description of Uncertain Tax	FIN 48 was not applicable for the audit year ended 03/31/2009
		Positions Under FIN 48	

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DLN: 93493132006090

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

				91-0557925			
Pa	rt I Questions Regarding Compensation						
	ture in the same i					Yes	Νο
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III						
	First-class or charter travel	Ė	Housing allowance or residence for	=			
	Travel for companions	Ē	Payments for business use of perso	•			
	Tax idemnification and gross-up payments	Ī					
	Discretionary spending account		Personal services (e g , maid, chau				
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri		. , , , , , , , , , , , , , , , , , , ,	•	1b	Yes	
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive		- · · · · · · · · · · · · · · · · · · ·		2		No
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the ✓ Compensation committee ✓ Independent compensation consultant ✓ Form 990 of other organizations		ly Written employment contract Compensation survey or study				
4	During the year, did any person listed in Form 990, P or a related organization	art V I	I, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control p	ayme	nt?		4a		Νο
Ь	Participate in, or receive payment from, a supplemen	tal no	nqualified retirement plan?		4b	Yes	
c	Participate in, or receive payment from, an equity-ba	sed co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide t	he applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	pplete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, I compensation contingent on the revenues of	ıne 1 a	a, did the organization pay or accrue a	ny			
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, I compensation contingent on the net earnings of	ıne 1 a	a, did the organization pay or accrue a	ny			
а	The organization?				6a		
Ь	Any related organization?				6b		

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

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

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 6a or 6b, describe in Part III

ın Part III

section 53 4958-6(c)?

7

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)(I)-(III) 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-MI	SC compensation	(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
russ gowrylow	(I) (II)	120,378	24,512	24,302	37,407	15,218	221,817	
rıchard brandsma	(I) (II)	296,925	148,787	251,619	66,700	10,982	775,013	
denise reagan	(I) (II)	192,486	61,730	45,453	44,050	11,590	355,309	
carl roer	(I) (II)	113,165	22,823	6,847	12,925	9,584	165,344	
Dan Fiorino	(I) (II)	32,482		900,000	55,050	5,166	992,698	
	•						Cabada	ulo 1 / Form 000\ 2000

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	Ret urn Ref erence	Explanation
	Part I, Line 4a	Richard Brandsma received a SERP payout of \$196,361

Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Open to Public Inspection

OMB No 1545-0047

2009

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

▶ Attach to Form 990.

Name of the organization SOUND CREDIT UNION Employer identification number

91-0557925

ldentifier	Return Reference	Explanation						
Form 990, Part VI, Section A, line 6		The credit union's members have rights to elect the members of the governing body. The credit union's members also receive a share of the organization's profits in the form of cash dividends.						
Form 990, Part VI, Section A, line 7a		Members of the credit union have the right to elect one or more members of the organization's governing body, w hether periodically, or as vacancies arise, or otherwise						
Form 990, Part VI, Section A, line 7b		Members of the credit union have the right to approve the governing body's election and removal of members of the governing body, as well as other matters that are subject to the approval of members of the credit union as they occur						
Form 990, Part VI, Section B, line 11		First we compare the results to the prior years return for material differences and seek explanations. We compare the Totals for revenue and expenses plus total assets. We review and check for accuracy the multiple statements. Plus we review the accuracy of the descriptions for our tax-exempt purpose achievements.						
Form 990, Part VI, Section B, line 12c		Employees, sign a statement requiring that they must disclose to the President & CEO of any actual, potential or perceived conflicts of interest before being hired. Directors and Volunteers sign a "Code of Ethics." Acknowledgement" that states they will not be involved in situations that result in or could be perceived to be a conflict of interest. Plus when a situation in which a conflict of interest exists or may exist they must recues themselves from any discussions or participation in the decision. Our policy manual has three sections in which conflicts of interest are stated and the Board approves the Policy Manual on an annual basis. Both the CEO & EVP monitor all staff and volunteer accounts. In addition, during our certified audit, all staff and volunteer accounts, or a sampling are reviewed for potential conflicts of interest.						
Form 990, Part VI, Section B, line 15		Sound Credit Union's primary source of information in the external job market is the annual Milliman Northwest Financial Industry Salary Survey which gathers data from other credit unions, banks and/or other financial institutions in the Puget Sound region. Other surveys that may also be used, but are not limited to include. The Washington Credit Union League and CUES (Credit Union Executive Society).						
Form 990, Part VI, Section C, line 19		Credit Union Bylaw's and other legal documents that members have the right to review are available upon request. The request needs to be in written form. Financial statements and our Annual Report are available upon request.						
Form 990, Part XI, Line 2c	Audit Committee Process	The process has not changed since the prior year						

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DLN: 93493132006090

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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.

Name of the organization SOUND CREDIT UNION

Employer identification number

91-0557925

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

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

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)

Exempt Code section

Public charity status (if section 501(c)(3))

Direct controlling entity

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

(a) Name, address, and EIN of related organization **(b)** Primary activity (c) Legal domicile (state or foreign country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income

(g) Share of end-of-year assets (h) Disproprtionate allocations? ai

(i)
Code V—UBI
amount in box 20 of
Schedule K-1
(Form 1065)

(j) General or managing partner?

No

Yes No

Yes

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
sound financial group inc
PO BOX 1595
TACOMA, WA98401
91-1263213

(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

ınsurance

WA

SOUND CREDIT UNION

С

(4)

(5)

(6)

Cile	dule k (Form 990) 2009		Pag	ge .
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	N
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		N
b	Gift, grant, or capital contribution to other organization(s)	1b		Ž
c	Gift, grant, or capital contribution from other organization(s)	1c		Ž
d	Loans or loan guarantees to or for other organization(s)	1d		Ż
e	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N
g	Purchase of assets from other organization(s)	1g		N
h	Exchange of assets	1h		N
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		N
n	Sharing of paid employees	1n		N
o	Reimbursement paid to other organization for expenses	10		N
р	Reimbursement paid by other organization for expenses	1p		Ne
q	Other transfer of cash or property to other organization(s)	1q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) Name of other organization (b) Transaction Autype(a-r)		(c) : involve	ed
1) 2)				
• \				
3)				

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

Additional Data

Software ID:

Software Version:

EIN: 91-0557925

Name: SOUND CREDIT UNION

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
provision for loan loss	6,955,120			
loan servicing expense	789,091			
processing expense	632,559			
memberınsurance	502,379			
ATM and Check Fees	490,724			