

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



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www irs gov/form990. Open to Public Inspection

A F	For the	2013 calendar year, or tax year beginning and	ending			
Вс	Check if applicable	C Name of organization		D Employer ide	ntificat	tion number
	Addres	EAST IDAHO CREDIT UNION				
Ť	Name change			82	-021	19844
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu		
	Termin ated		•		23-9068	
X	Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		16,261,921.	
	Application	IDARO FALLO, ID 0340I		H(a) Is this a gro	up retu	
	pendin	F Name and address of principal officer CHRIS CARDWELL		for subordin	ates?	Yes X No
		SAME AS C ABOVE		H(b) Are all subordin		
		mpt status	or 527	7		t (see instructions)
		e: ► WWW.EASTIDAHOCU.ORG	1	H(c) Group exem		
-		organization. X Corporation Trust Association Other ►	L Year	of formation: 193	<u>5 M S</u>	tate of legal domicile: ID
[P 6		Summary	TIN ITATI	ON DROVID	TNC	ETNANCTAT
<u>c</u>		Briefly describe the organization's mission or most significant activities <u>CRED</u> SERVICES TO MEMBERS.	TT ONT	ON PROVID	ING	FINANCIAL
Governance	1 -	Check this box I I if the organization discontinued its operations or dispo	sed of more	than 25% of its n		te
Ver	1	Number of voting members of the governing body (Part VI, line 1a)	554 61 11161	THE TEST	3	7
ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	7
Activities &	ł	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)			5	152
Z Š	l .	Total number of volunteers (estimate if necessary)			6	8
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
ne ne		Contributions and grants (Part VIII) Fine 6 - VEU		11 265 01	0.	0.
Revenue	9	Program service revenue (Part VIII-Ime=2g)	<u> </u>	11,367,01		10,502,671.
Re	10	nvestment income (Part VIII) eolumn (A) nines 3, ஆளுர் 7d) இ Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		628,04	0.	659,723.
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 11e) Total revenue - add lines 8 through 1±1, (must equal Part VIII, column (A), line 12)		11,995,06		0. 11,162,394.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,993,00	0.	0.
	l l	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
v		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,124,59		4,917,074.
S. Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ğ	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.			
2 0	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,415,43		5,784,532.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		12,540,03		10,701,606.
	19	Revenue less expenses Subtract line 18 from line 12		<544,97		460,788.
Net Assets or Fund Balances				ginning of Current Y		End of Year
0,10	20	Total assets (Part X, line 16)		274,422,33		<u>259,248,058.</u>
Net As Fund B	21	Total liabilities (Part X, line 26)		253,327,75		<u>235,253,410.</u>
Δ <u>.</u>	<u>22</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		21,094,58	4.	23,994,648.
٠		Ities of perjury, I declare that I have examined this return, including accompanying schedule	e and statem	ents and to the best	of my k	nowledge and helief it is
		t, and complete, Declaration of preparer (other than officer) is based on all information of w			Or HIN M	noviougo and bollor, it is
	,	Land South State of the state o	p. opai 0	X7-	21-	15
Sıg	ın İ	Signature of officer-		Date		·
Her		CHRIS CARDWELL, VP FINANCE/CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Che] PTIN
Paid		KIM HUNWARDSEN, CPA KIM HUNWARDSEN,	CPA ()7/09/15 self-		P00484560
	parer	Firm's name EIDE BAILLY LLP		Firm's EIN	1	<u>45-0250958</u>
Use	Only	Firm's address 877 W. MAIN ST. STE. 800			000	044 5450
		BOISE, ID 83702	 	Phone no	.208-	-344-7150
Ma	<u>y the IF</u>	S discuss this return with the preparer shown above? (see instructions)				Yes No

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2013)

	rt III Statement of Program Service Accomplishments	82-0219844	Page 2
Pai	<u> </u>		(T)
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission		X
•	TO BE AN ACTIVE PARTICIPANT IN THE FINANCIAL SUCCESS OF	OUR MEMBERS	
			<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on		C==
	the prior Form 990 or 990-EZ?	Yes	LX. No
_	If "Yes," describe these new services on Schedule O	₩	 .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XYes	L No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as m	oncured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported	i, the total expenses, a	ario
4a		<u> </u>	<u> </u>
	CONSUMER LENDING TO CREDIT UNION MEMBERS: THE CREDIT UNIO		OVER
	\$50 MILLION IN CONSUMER LOANS DURING 2013.		· · · · · · · · · · · · · · · · · · ·
		 	
4b			
40	(Code) (Expenses \$) (Revenue REAL ESTATE LENDING TO CREDIT UNION MEMBERS: THE CREDIT UNION MEMBERS UNI		
	OVER \$2.3 MILLION IN REAL ESTATE LENDING DURING 2013.	NION GRANTE.	
	OVER \$2.5 MIDDION IN REAL EDIATE DENDING DORING 2015.		
			·
4c	(Code) (Expenses \$) (Revenue	\$)
	SAVINGS, CHECKING AND OTHER MISCELLANEOUS ACCOUNT SERVICE	ES TO CREDI	T
	UNION MEMBERS: THE CREDIT UNION SERVED APPROXIMATELY 39,	791 MEMBERS	AS
	OF DECEMBER 31, 2013.		
			 -
			
<i>A</i> ~	Other program services (Describe in Schedule O.)		
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	\	
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶	1	
	P. M. C. T. T. C. T. P. C. T. T. F. C. T.		90 (2013)

Form 990 (2013) EAST IDAHO CREDIT UNION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	140
•	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	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	11b	X	
С	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	11c		X
d	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 167 If "Yes," complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h		14a	 -	_^_
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	<u> </u>	A
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		 ^ *
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			T
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
			000	(2013)

	D. 1.1.		Yes	_No
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23_	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b_		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	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	l		
	Schedule L, Part I	25b_		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			7.7
	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			₹.
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		v
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		_^
30	contributions? If "Yes," complete Schedule M	20		X
24	·	30	 -	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	31	ļ	X
20		31		A
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- <u>52</u>	-	-22
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 41
3-4	Part V, line 1	34		X
262	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000	_	- 43
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
55	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	30	 	<u> </u>
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2013)

82-0219844 Form 990 (2013) EAST IDAHO CREDIT UNION Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 3406 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 152 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с 7d d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting R 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. a Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a

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

Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the

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

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

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

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

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

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

X 14a 14b

13a

Form 990 (2013)

12b

13b 13c Form 990 (2013) EAST IDAHO CREDIT UNION 82-0219844 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (O See i	nstructions			
	Check if Schedule O contains a response or note to any line in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					·
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	'	7		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	<u> </u>	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	np with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he dire	ct supervision			ļ
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6	_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a	_X_	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by th	e following:			
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		 	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal l	Revenu	e Code.)			
					Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b 11a	X	
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					ļ
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes, " d	escribe		3.5	
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	7.5	X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and appro		ndependent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	7			77	
а	The organization's CEO, Executive Director, or top management official			15a	X	 -
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	with a	10-		v
	taxable entity during the year?			16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to ev		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızatıc	on's	401	İ	
<u></u>	exempt status with respect to such arrangements?			16b	l	<u>. </u>
	tion C. Disclosure		.			
17	List the states with which a copy of this Form 990 is required to be filed NONE	T (C	ton E01/e\/0\= ====			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	FI (Sec	uon ou i (c)(3)s only	avallat	ne	
	for public inspection indicate how you made these available. Check all that apply		hadela Ol			
4.5	Own website Another's website X Upon request Other (expla		•		!	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or the translation of the south and the south of the	conflict	or interest policy, a	na tinai	icial	
••	statements available to the public during the tax year	. د. لمسم		at.a -		
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	cords of the organiz	ation		
	BRAD BAUGES - 208-523-9068					

000	(2013)	

EAST IDAHO CREDIT UNION

82-0219844

Page 7

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

Check if Schedule O contains a re	sponse or note to an	v line in this Part VII
-----------------------------------	----------------------	-------------------------

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and 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

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more that					Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week			1020	1 00.0	77.11.03	T	from	from related	other
	(list any hours for	direct	'					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50 92	stee			ısate		(W-2/1099-MISC)	(***271033*141130)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** =* ********************************		and related
	below	/rd ual	tutou	j5	Key employee	oyee	ja j			organizations
	line)	亨	ııst	Officer	, Ke		Former			
(1) LANEA HOLT	2.00					٠.				
BOARD CHAIRMAN		Х		X				0.	0.	0
(2) MARK HYNDMAN	2.00									
BOARD VICE CHAIR		X		X				0.	0.	0
(3) KEN BLANCHARD	2.00									
BOARD SECRETARY		X	<u> </u>	X	<u> </u>			0.	0.	. 0
(4) NATHAN DOWNEY	2.00	1						_		_
BOARD TREASURER		X		X				0.	0.	0
(5) NANCY CARLSON	2.00									_
DIRECTOR		X		ļ				0.	0.	0
(6) JUSTIN CHIPP	2.00									_
DIRECTOR		X			<u> </u>	<u> </u>		0.	_0.	0
(7) RON CELNER	2.00								•	
DIRECTOR		X	_					0.	0.	0
(8) BRAD BAUGES	50.00	-		l				154 000		
PRESIDENT/CEO		ļ	<u> </u>	X	<u> </u>			151,202.	0.	7,319
(9) CHRISTOPHER B. MONTI	50.00	-						60 500		4 64 6
CFO (PARTIAL YEAR)	50.00	├		X			-	60,780.	0.	4,616
(10) CINDY HIGH	50.00	1						00 545	_	0 205
Cro	F0 00			Х		\vdash		88,517.	0.	2,325
(11) MARCI BARKER	50.00	1		,,				04 014	_	2 214
VP OF PEOPLE	E0 00	-	-	X	 -		ļ	84,014.	0.	2,314
(12) DAN THURMAN	50.00	1		v				72 007	^	E 606
VPO	50.00	-	\vdash	X				73,097.	0.	5,686
(13) ADAM SERR	30.00	1		ŀ		x		224 700	0	7 054
INVESTMENT MANAGER				-		^	 -	224,708.	0.	7,854
		1								
		 	-	 						
		1								
					\vdash					
		1								
		<u> </u>				 				
		1	I	l		l	l	1		l

Page 8

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	itee or director	not c	Pos heck ss pe	ition more rson irecto		one h an tee)	(D) Reportable compensation from the	(E) Reportable compensatio from related organizations (W-2/1099-MIS	n I s	com fr org	(F) timate nount other pensa om the anizat d relat	of ation e ion ed
													
<u> </u>						-							
						-							
						_	<u> </u>						
											-,		
-				<u> </u>									
								600000					4.4
1b Sub-total c Total from continuation sheets	s to Part VII. Section A						▶ ▶	682,318.	-	0.	3	<u>U, L</u>	14. 0.
d Total (add lines 1b and 1c)							<u> </u>	682,318.		0.	3	0,1	14.
2 Total number of individuals (incli compensation from the organiza		ose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportabl	le			2
												Yes	No
3 Did the organization list any forr line 1a? If "Yes," complete Sche			e, ke	y er	nplo	yee,	or 1	highest compensated e	mployee on		3		X
4 For any individual listed on line 1	a, is the sum of reportab	le cc	-					•	the organization				
and related organizations greateDid any person listed on line 1a									dual for services		4	X	
rendered to the organization? If	"Yes," complete Schedul										5		X
Section B. Independent Contractor1 Complete this table for your five		depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100.000 of com	npens	ation f	rom	
the organization Report compet	=												
Name an	(A) d business address	dress NONE (B) Description of services						С	ompe)		'n		
											_	•	
													
													
							\downarrow						
2 Total number of independent co	entractors (including but n	ot lir	nıte	d to	tho	se lis	sted	l above) who received m	nore than				
\$100,000 of compensation from	the organization				(0							

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue fts, Grants Amounts 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and Other similar amounts not included above 1f 9 Noncash contributions included in lines 1a-1f \$ h Total, Add lines 1a-1f Business Code Program Service Revenue 2 a LOAN INTEREST INCOME 522100 5,579,687 5,579,687 522100 b FEE INCOME 2,929,217 2,929,217 INTERCHANGE INCOME 522100 1,781,591 1,781,591 f All other program service revenue 522100 212,176. 212 176 g Total. Add lines 2a-2f 10,502,671 Investment income (including dividends, interest, and other similar amounts) 757,250, 757,250, Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 4,952,000 50,000 b Less cost or other basis and sales expenses 5,053,133 46,394 c Gain or (loss) 3,606 d Net gain or (loss) <97,527 <97,527,> 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 11,162,394 10 502 671 659.723 Form 990 (2013)

Form 990 (2013) EAST IDAHO CREDIT UNION
Part IX Statement of Functional Expenses

sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
D-	Check if Schedule O contains a respondent include amounts reported on lines 6b,	nse or note to any line in (A)	tnis Part IX (R)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<u>-</u> .		
5	Compensation of current officers, directors,	470 060			
_	trustees, and key employees	479,869.			<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	3,305,487.			
7	J	3,303,407.			<u> </u>
8	Pension plan accruals and contributions (include	164,307.			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	655,080.	77-1 1		
9 10	Payroll taxes	312,331.			
11	Fees for services (non-employees)	312,331.		******	
	Management				
	Legal	12,879.	· · · · · · · · · · · · · · · · · · ·		
	Accounting	34,792.			
	Lobbying	317,7520			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,		7 1.		
J	column (A) amount, list line 11g expenses on Sch O.)	348,909.			
12	Advertising and promotion	560,634.	· ·		
13	Office expenses	1,045,396.			
14	Information technology				
15	Royalties				
16	Occupancy	450,498.			
17	Travel	130,623.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	456,974.			
23	Insurance	185,041.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) DIVIDENDS	669,919.			
h	VISA & CARD PROGRAM EXP	636,681.	4- 1-		
c	OPERATING FEES	322,291.			
d	DANIE CERTIFICE CITATION	193,624.	 		
	All other expenses	736,271.			
25_	Total functional expenses Add lines 1 through 24e	10,701,606.	 		
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,892,197. 5,713,109. 1 Cash · non-interest-bearing 1 93,070,677. 40,980,363. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 496,978. 1,860,042. 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr) Complete Part II of Sch L 119,965,794. 121,521,609. 7 Notes and loans receivable, net Inventories for sale or use 8 461,899. 694,163. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 12,705,800. basis Complete Part VI of Schedule D 10a 5,754,363. 6,673,156. 6,951,437. **b** Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 78,773,246. 45,998,368. 12 Investments - other securities See Part IV, line 11 12 Investments · program-related See Part IV, line 11 13 13 14 Intangible assets 14 2,863,266 2,754,089. 15 Other assets See Part IV, line 11 15 259,248,058. 274,422,335. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,341,660. 17 3,671,823. 17 Accounts payable and accrued expenses 66,816. 49,877. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 246,919,275. 231,531,710. Schedule D 25 253,327,751. 235,253,410. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 0. 30 Capital stock or trust principal, or current funds 30 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund

23,994,648.

23,994,648.

259,248,058.

21,094,584.

21,094,584.

274,422,335.

32

32

33

	990 (2013) EAST IDAHO CREDIT UNION	82-	0219	<u>844</u>	Pag	e 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11	<u>, 162</u>	2,3	<u>94.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	10	,701		
3	Revenue less expenses Subtract line 2 from line 1	3 _				88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21	<u>,094</u>	1,5	<u>84.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	<u>, 439</u>	2,2	<u>76.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u>23</u>	<u>,994</u>	1,6	<u>48.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			1	1	<u></u> _
			ſ		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both		ļ	ł		
	Separate basis Consolidated basis Both consolidated and separate basis		į	1		
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		_		77
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u>X</u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	JIT	_		v
	Act and OMB Circular A-133?			3a_		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	irea aud	IIT	01-		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b Form	200	(2012)
				LOHI	33U ((2013)

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

EAST IDAHO CREDIT UNION

Employer identification number 82-0219844

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	L Yes □ No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during t	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for
Б-	conservation easements	A And I lindaying I Tong a company of the	lan Cimilan Assats
Pai	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ice of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	ilic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	. .
а	Revenues included in Form 990, Part VIII, line 1		S
b	Assets included in Form 990, Part X		▶ \$

		AHO CREDIT						<u>82-U2</u>		
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	it are a s	ignificant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	c	.	Loan or exc	hange progra	ams				
b	Scholarly research	e	,	Other						
С	Preservation for future generations				•					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII									
5	During the year, did the organization solicit o			-	-					
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990). Part IV. I		
	reported an amount on Form 990, Par			J				.,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table				_		
~	Too, oxplain the arrangement in rate xiii		moving.	iabio.					Amount	
С	Beginning balance						1c		741100111	•
4	Additions during the year						1d			
u 2	Distributions during the year							_	_	
	Ending balance						1e			
0-	•	orm 000 Doct V line	010				1f	!	Yes	
	Did the organization include an amount on Fe			baa baan	. proudod in l	Dod VIII		<u> </u>	_ res	No
Par	t V Endowment Funds. Complete in						0			
	E Tabilitation and Complete							unara haak	(-) Four	vaara baal
4	Doguna of year balance	(a) Current year	(0) =	rior year	(c) Two year	SDACK	(a) Three	years back	(e) rour	years back
1a	Beginning of year balance									
D	Contributions					-				
С	Net investment earnings, gains, and losses				 					
đ	Grants or scholarships		<u> </u>		 					
е	Other expenditures for facilities					ĺ				
	and programs				 					
f	Administrative expenses								-	
9	End of year balance								i	
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:									
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should equal 100%									
3а	Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by Yes No									
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	b If "Yes" to 3a(ıı), are the related organizations listed as required on Schedule R?									
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.									
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" to Form 990), Part IV	, line 11a S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o			t or other		ccumulat	I	(d) Book	value
		basis (investr	ment)		(other)	de	preciation)		
1a	Land				5,358.					<u>5,358</u>
b	Buildings			6,42	2,591.	1,	596 <u>,</u> 4	34.	4,826	5,157
С	Leasehold improvements				6,530.		36,5			0
d	Equipment			5,25	1,321.	4,	121,3	99.	1,129	9,922
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c))			>	6,951	1,437

Schedule D (Form 990) 2013 EAST IDAHO	CREDIT UNION	82	-0219844 Page
Part VII Investments - Other Securities.			-
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) FEDERAL AGENCY SECURITIES		COST	
(B) SUNCORP SECURITIES	1,935,076.	COST	
(C) CREDIT UNION TRUST	929,524.	END-OF-YEAR MARKET	VALUE
(D) BANKS AND SAVINDS AND			
(E) LOAN CDS	12,399,462.	COST	
(F) FHLB SEA STOCK ACCOUNT	273,000.	COST	
(G)	·		
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	78,773,246.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	····		
(7)			
(8)			
(9)	······································		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15)	>	
Part X Other Liabilities.	:-1		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j
4 (a) Description of liability		(b) Book value	

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SHARE DRAFTS	46,192,833.
(3) REGULAR SHARES	40,954,722.
(4) MONEY MARKET SHARES	75,403,311.
(5) OTHER SHARES	68,980,844.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	231,531,710.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

GRANTED THE CREDIT UNION A RETROSPECTIVE REINSTATEMENT AND THEREFORE THE

AND PENALTIES

Schedule D (Form 990) 2013

CREDIT UNION WILL RECEIVE A REFUND FOR THE TAXES, INTEREST,

Schedule D (Form 990) 2013

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization

EAST IDAHO CREDIT UNION

Employer identification number 82-0219844

Pa	rrt I Questions Regarding Compensation			
			Yes	No
1a	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items — First-class or charter travel — Housing allowance or residence for personal use			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4 a	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
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 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		ļ
	If "Yes" to line 6a or 6b, describe in Part III	1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	ŀ		
	not described in lines 5 and 6? If "Yes," describe in Part III	7_		ļ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	a		

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2013

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

, and the second								
		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a) (i)(a)	in prior Form 990
(1) BRAD BAUGES	Ξ	148,073.	2,500.	629.	0	7,319.	158,521.	0
SIDENT/CEO	€	0	0	0		0.		0.
α.	ε	180,836.	42,961.	911.		7,854.	232,56	0.
STMENT MANAGER	(ii)	0.	0.	0.	0	0.	0	0.
	Θ							
	⊞							
	ε							
	(1)							
	ε							
	(ii)							
	(1)							
	(ii)							
	(ι)							
	(ii)							
	(i)							
	(II)							
	Θ							
	(3)							
	(i)							
	Œ							
	Ξ							
	<u>(ii</u>							*
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	⊞							
	Ξ							
	(ii)							
	Ξ							
	(1)							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 82-0219844

EAST IDARO CREDIT UNION 82-0219644
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
EXPLANATION: THE CREDIT UNION NO LONGER OFFERS ATM CARDS AS A SERVICE
TO MEMBERS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ALL OTHER MEMBER RELATED SERVICES
FORM 990, PART VI, SECTION A, LINE 1:
EXPLANATION: THE GOVERNING BODY OF THE ORGANIZATION DELEGATES BOARD
AUTHORITY TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE IS COMPRISED
OF THE CHAIRMAN, VICE CHAIRMAN, SECRETARY AND TREASURER OF THE BOARD.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: EAST IDAHO CREDIT UNION IS A MEMBER OWNED FINANCIAL
COOPERATIVE.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING OF
MEMBERS. IF A VACANCY OCCURS DURING THE YEAR THE BOARD MAY APPOINT A
REPLACEMENT UNTIL THE MEMBERSHIP CAN VOTE AGAIN AT THE NEXT ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: FORM 990 IS REVIEWED BY THE CREDIT UNION CEO PRIOR TO FILING.
IN ADDITION, COPIES OF THE FORM 990 ARE PROVIDED TO THE BOARD VIA EMAIL.

Employer identification number 82-0219844

EXPLANATION: THE ORGANIZATION HAS A MANDATORY CONFLICT OF INTEREST POLICY
IN PLACE WHICH THEY USE TO GATHER INFORMATION THAT MAY LEAD TO POTENTIAL
PRIVATE INUREMENT SITUATIONS; THE ORGANIZATION REVIEWS ALL CONFLICTS OF
INTEREST ANNUALLY. IN ADDITION TO THE CONFLICT OF INTEREST POLICY, THE
ORGANIZATION REQUIRES COMPLETION OF A CHECKLIST DURING THE FORM 990 PROCESS
THAT GATHERS INFORMATION SPECIFIC TO IRS QUESTIONS REGARDING POTENTIAL

FORM 990, PART VI, SECTION B, LINE 15:

PRIVATE INUREMENT TRANSACTIONS.

EXPLANATION: THE CREDIT UNION HAS A COMPENSATION COMMITTEE THAT WAS

ESTABLISHED BY THE ORGANIZATION'S BOARD. THE COMPENSATION COMMITTEE USES

SALARY SURVEYS AVAILABLE THROUGH CUNA AND OTHER PUBLICLY AVAILABLE SURVEYS

TO ESTABLISH COMPENSATION. IN 2012, DHILTON & ASSOCIATES PROVIDED THE

ORGANIZATION WITH A COMPENSATION COMPARISON TO THE CURRENT PAY STRUCTURE.

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR FINAL APPROVAL OF THE CEO'S

SALARY.THERE WERE NO CHANGES IN REGARD TO COMPENSATION PROCEDURES FROM 2012

TO 2013.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE CREDIT UNION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE NCUA.GOV WEBSITE AND ARE ALSO POSTED IN THE BRANCHES ON A MONTHLY BASIS.

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET ADJ - ACCUMULATED OTHER COMPREHENSIVE LOSS (AOCL) 214,346.

PRIOR YEAR INCOME TAX BENEFIT ADJUSTMENT 2,391,341.

2012 Q4 NET INCOME INCLUDED IN AUDIT

-166,411.

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Name of the organization **Employer identification number** 82-0219844 EAST IDAHO CREDIT UNION TOTAL TO FORM 990, PART XI, LINE 9 2,439,276. FORM 990 AMENDED RETURN EXPLANATION: THE ORGANIZATION'S 2013 FORM 990 RETURN HAS BEEN AMENDED TO MORE CORRECTLY REPORT INCOME AND EXPENSES FOR THE TAX PERIOD FROM JANUARY 1, 2013 THROUGH DECEMBER 31, 2013. THE ORIGINALLY FILED RETURN WAS PREPARED ON THE BASIS OF 2013 AUDITED FINANCIAL STATEMENTS WHICH REPORTED A FIFTEEN MONTH PERIOD AS OF DECEMBER 31, 2013. AS SUCH, THE FOLLOWING FORM 990 PARTS AND SCHEDULES WERE AMENDED TO REFLECT CORRECTED INFORMATION FOR THE TWELVE MONTH PERIOD ENDING DECEMBER 31, 2013: PART I - REVENUES AND EXPENSES LINES 8 - 19; AMENDED TO REFLECT REVENUES AND EXPENSES FOR THE TWELVE MONTH PERIOD ENDING 12/31/13 INSTEAD OF A FIFTEEN MONTH PERIOD. PART IV - LINE 11D; MARKED AS NO AS NO ASSETS IN PART X, LINE 15 ARE IN EXCESS OF 5% OF LINE 16. PART VIII - STATEMENT OF REVENUE LINES 2, 3, 12; AMENDED TO REFLECT REVENUES FOR THE TWELVE MONTH PERIOD ENDING 12/31/13. PART IX - STATEMENT OF FUNCTIONAL EXPENSES LINES 7-25; AMENDED TO REFLECT EXPENSES FOR THE TWELVE MONTH PERIOD ENDING 12/31/13.

PART XI - RECONCILIATION OF NET ASSETS LINES 1, 2, 3, 9; AMENDED TO REFLECT REVENES AND EXPENSES FOR THE TWELVE MONTH PERIOD ENDING

12/31/13 AND TO RECONCILE THE NET ASSETS BALANCE AT THE END OF THE

Name of the organization EAST IDAHO CREDIT UNION	Employer identification number 82-0219844
YEAR. ALSO ADJUSTED FOR 2010 AND 2011 INCOME TAX BENEFIT	AMOUNTS
EXPECTED TO BE RECEIVED DUE TO AN OVERPAYMENT OF CORPORAT	'E INCOME
TAXES, INTEREST AND PENALTIES IN RELATION TO TAX EXEMPT S	TATUS
REINSTATEMENT (SEE SCHEDULE D, PART XIII EXPLANATION).	
SCHEDULE D, PART XI - RECONCILIATION OF REVENUE PER AUDIT	'ED FINANCIAL
STATEMENTS WITH REVENUE PER RETURN; AMENDED TO TIE OUT AU	DIT REVENUES
TO THE 990 REVENUES FOR THE TWELVE MONTH PERIOD ENDING 12	/31/13.
AMENDMENTS INCLUDE A THREE MONTH ADJUSTMENT TO TIE THE FI	FTEEN MONTH
AUDIT PERIOD TO THE TWELVE MONTH 990 TAX YEAR AND AN ADJU	STMENT FOR
2010 AND 2011 INCOME TAX BENEFIT AMOUNTS EXPECTED TO BE R	ECEIVED DUE TO
AN OVERPAYMENT OF CORPORATE INCOME TAXES, INTEREST AND PE	CNALTIES IN
RELATION TO TAX EXEMPT STATUS REINSTATEMENT (SEE SCHEDULE	D, PART XIII
EXPLANATION).	
SCHEDULE D, PART XII - RECONCILIATION OF EXPENSES PER AUD	OITED FINANCIAL
STATEMENTS WITH EXPENSES PER RETURN; AMENDED TO TIE OUT A	AUDIT EXPENSES
TO THE 990 EXPENSES FOR THE TWELVE MONTH PERIOD ENDING 12	2/31/13.
AMENDMENTS INCLUDE A THREE MONTH ADJUSTMENT TO TIE THE FI	FTEEN MONTH
AUDIT PERIOD TO THE TWELVE MONTH 990 TAX YEAR.	
SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION; UPDATED	TO SHOW THE
DETAILS FOR SCHEDULE D, PARTS XI AND XII INDICATED ABOVE	AS OTHER
ADJUSTMENTS.	**